REVIEW OF URBAN FOOD SECURITY TARGETING METHODOLOGY AND EMERGENCY TRIGGERS

Final Report

Ian MacAuslan and Maham Farhat

July 2013

Preface

This revised report is based on a literature review and interviews with current and former staff from Oxfam, Action Contre la Faim and Concern Worldwide. Many thanks to all those staff who took time to share their views and documents.

Laura Phelps from Oxfam GB initially commissioned this paper, and was then joined by Lilly Schofield from Concern Kenya and Marie Sardier from Action Contre la Faim. All three have led and participated in technical discussions on its scope and provided extremely helpful contacts and leads. They have also all provided detailed comments on a draft report, which has improved it significantly. Laura and Camilla Knox-Peebles from Oxfam GB have provided further comments on a second draft. All errors remain the authors'.

This work was funded by Oxfam GB, Concern Kenya and Action Contre la Faim.

Executive summary

Purpose

Over the last five decades emergency responses to humanitarian crises have been concentrated on developing rural-based skills and tools. Increasingly large numbers of people live in urban areas in developing countries, and with these increasing population concentrations come higher risks of urban emergencies. It is therefore important to understand the differences between rural and urban Emergency Food Security and Livelihoods (EFSL) programming and to establish adapted assessment methodologies and programme responses for urban areas.

This document is aimed at field practitioners to assist in capacity building and guidance during emergency responses in urban areas, focusing on food security, livelihoods, and nutrition. It covers two areas:

- **Emergency triggers in urban areas.**

    o Collate (and where necessary further analyse) indicators which have been utilised by Oxfam GB, Concern Worldwide and ACF.

    o Compile a list of suitable indicators for urban contexts.

    o Recommend which indicators should form the basis of urban emergency triggers processes.

- **Targeting emergency responses in urban areas**.

    o "Summarise the strengths and weaknesses of three different targeting approaches which are utilised in urban humanitarian responses (community based targeting, proxy means tests, 'weighted' indicator methodology) according to the context, resources and capacity, and objective of the intervention."[1]

Emergency triggers

Findings on triggers

Triggers are events or indicators that precipitate the beginning or end of an emergency response. Existing frameworks provide a foundation for assessment and for gathering information in various sectors, but there are no urban-specific indicator cut offs to trigger emergency responses in urban areas. These frameworks use data collection and analysis tools (such as the Household Economy Approach (HEA)), but again there is little specific to urban emergencies. There is a wide range of tools and frameworks used by NGOs and international organisations, but the most promising analysis framework for urban areas is the Integrated Food Security Phase Classification (IPC), incorporating elements of the HEA and 'Indicator Development for Surveillance of Urban Emergencies' (IDSUE), an attempt by Concern Worldwide to develop urban-specific indicators in Nairobi. In addition, Oxfam have

---

[1] Terms of Reference, 'EFSL Urban targeting methodology and indicators best practice report'.

been piloting a combined HEA/Participatory Capacity and Vulnerability Analysis (PCVA) approach which aims to combine risk mapping and identification of opportunities to strengthen protect and restore livelihoods.

The most common short-coming with these approaches is that they have not been piloted in or adapted to urban contexts (with the exception of the IDSUE work of Concern in Nairobi). This lack of adaptation of tools in combination with the absence of baseline data (which has been disaggregated by informal settlements) means that it is currently very difficult to establish, with consensus, that an urban area has moved from a chronic to acute crisis. This slows and confuses responses, and blurs the distinction between emergency relief and development programming. However, there is reasonable consensus within the humanitarian community on where the next urban emergencies are likely to occur, so working together to develop baselines, adapt triggers and develop plans with states, are feasible next steps.

Recommendations on triggers

1. Use existing coordination mechanisms such as the Food Security Cluster urban working group[2], and work with the WFP and FAO (who are tasked with taking forward the food security element of the Inter-Agency Standing Committee (IASC) urban strategy), to pilot and adapt the IPC tool for use in urban contexts.
2. Identify and agree with the Food Security Cluster urban working group the top five cities at risk of urban emergencies. Develop urban working groups in these cities, e.g. Port au Prince, Kathmandu, Manila, Dhaka, Nairobi, Harare, and Gaza.
3. Within 'at risk' cities, identify 'high risk' urban areas where emergencies are likely to occur (i.e. those vulnerable to natural disasters or price spikes), and develop geographical vulnerability mapping that supports contingency planning.
4. Through the Food Security Cluster urban working group agree on an assessment approach and baseline mapping indicators, which can disaggregate different urban areas within one city, to ensure there is political consensus amongst key stakeholders and donors prior to an emergency.
5. Once there is consensus on IPC urban indicators (designed using the IDSUE and HEA/PCVA), there will need to be a greater focus on urban data collection to feed into urban situation analysis. Although IPC indicators will need to be universally applied, there may be some locally specific adaptations for data collection. As an IPC chronic tool is being developed this is also a good opportunity to ensure that it represents urban contexts.
   a. Some additional locally specific indicators may be required, and both quantitative and qualitative indicators are likely to be important.
   b. The indicators used need to clearly identify when the acute phase is over
   c. The data analysis process, and regular re-analysis must be very responsive to change given the pace of change in urban areas
   d. The system must be sensitive enough to identify emergency situations in small areas of the city.
   e. Use Table 1.1 below as a basis for this system.
6. Establish a clear baseline format for these areas prior to an emergency.
   a. Baselines (which can be based on markets assessments such as EMMAs) should include calculations of the cost of living including food, travel, fuel, rent, sanitation

---

[2] See http://foodsecuritycluster.net/working-group/urban-food-security-and-livelihoods

access, water purchase, education, health and market functionality so that the gap between 'normal times' and the shock can be quickly calculated

b. Use this information to construct a baseline for the vulnerability, risk, coping situation and market access / availability, based on the system above.

c. Use this information to plan geographic and household targeting (see below).

d. Utilise all primary and secondary data available, being aware that many other organisations are likely to have information available.

7. Explore the possibility of using technology to develop the information basis, using digital data gathering, and using smartphones, digital platforms and GPS to improve cost efficiency over the long-term. Examples include the World Vision digital assessment tool the 'Last Mile Mobile Solutions (LMMS) for registration or Ushahidi in Haiti for information sharing.[3] In areas prone to natural disasters (e.g. earthquakes) a low tech alternative should also be prepared.

8. Ensure that contingency planning incorporates building capacity in areas such as cash transfer logistics, and finance to ensure standard operating procedures on cash transfers are available to be applied during an emergency.

9. Ensure that emergency responses form part of an integrated 'One Programme Approach' linking humanitarian and development responses.

---

[3] See Smith et al, (2011), 'New Technologies Enhancing Humanitarian Cash and Voucher Programming', available at http://www.cashlearning.org/downloads/resources/calp/CaLP_New_Technologies.pdf

Table 1.1   Suggested trigger indicator framework

Indicator area	Specific indicator	Threshold	Measurement	Challenges	Comments
Food security and socio-economic status	Household Hunger Score (HHS)	Severe (4-6)	Household hunger scale	Need to define the geographical area narrowly to focus on slums (and poorest areas within them if possible). May need to focus on particular population groups. High frequency reporting may be a challenge and need to consider frequency of surveys.	HHS shorter than HFIAS but seems to vary more. HHS is median of HHS of all households in sample.
	Household Dietary Diversity Score (HDDS)	>4 out of 12 food groups.	Household dietary diversity scale		HDDS gives average of score of all households. May need to look at individuals as households usually contain one member who eats out, skewing the data.
	A local indicator of food insecurity, such as consumption of street food or food availability	Accelerated depletion / erosion strategies and assets leading to high food consumption gaps	HEA, EMMA		HEA should reveal survival deficit > 20%. EMMA will identify market opportunities
	Prevalence of negative coping strategies	> usual, increasing crisis and distress strategies	HEA, surveys, key informants, focus group discussions (FGD), Coping Strategy Index (CSI)	Negative coping strategies are defined locally (e.g. reducing consumption quantity or quality, prostitution, crime, dumpsite scavenging, selling productive assets, unseasonal migration	
	Debt Credit access	> usual, increasing TBD locally > 20% reduction in access to informal credit mechanisms	HEA, surveys, key informants	Indicator specific to local areas (sometimes implies resilience, sometimes emergency). Changes in remittances, savings, loans, credit, rent arrears and debt should be captured.	Particularly important to understand the local context; for instance in Gaza debt may indicate likely loss of social network, and therefore a critical situation.

Indicator area	Specific indicator	Threshold	Measurement	Challenges	Comments
Displacement	Movement forced by disaster or destitution	Concentrated, increasing	Surveys, key informants, slum analysis, camp registrars, UNHCR data	Qualitative indicator meant to capture populations forced to move; threshold is where they are appearing in large numbers and changing the health and protection characteristics of the destination, or forced displacement (e.g. earthquake, or slow onset droughts that lead to displacement)	Includes newly displaced or long term refugees or IDP's
Hazards & vulnerability	Increasing incidence disease outbreaks	> usual, increasing			
Availability of assistance	Functioning of regular social protection systems	Poorly functioning; low coverage	Key informants, Gov statistics	Qualitative indicator intended to capture changes in government provision for vulnerability	This can be a very important indicator where there are no other sources of assistance (as in Gaza).
	Functioning of informal sharing mechanisms	Strained to non-functional	HEA, surveys, key informants	Reference to a baseline figure	
Essential goods availability and prices	Price of main staple food	>20% seasonal reference, increasing	CPI from local statistics office; local price monitoring, EMMA, HEA	Need to account for wage inflation, subject to rapid change	Also useful to assess drivers of prices such as agricultural production, exchange rate, import markets
	Price of fuel	>20% seasonal reference, increasing	CPI from local statistics office; local price monitoring, EMMA, HEA	Need to account for wage inflation, subject to rapid change	Also useful to assess drivers of prices such as agricultural production, exchange rate, import markets
	Rent cost or loss/ change of tenure	>20% seasonal reference, increasing, or forced eviction	CPI from local statistics office; local price monitoring, EMMA	Need to account for wage inflation, subject to rapid change- difficult to define standard unit, depends on size of house, number of rooms, neighbourhood,	Also useful to assess drivers of prices such as legislative changes, regularisation

Indicator area	Specific indicator	Threshold	Measurement	Challenges	Comments
				building materials, etc. Loss of housing should indicate if it is owner occupied, tenant owned, or if the tenant is squatting, living in makeshift housing or protection related issues.	
	Access to water (litres per person per day)	4-7.5 l /p/d, or decreasing against a baseline	HEA, focus groups, surveys		SPHERE specifies <15 lpppd and this may be an appropriate cutoff in urban areas where more water is needed for personal hygiene.
	Price of water / quality of water	>20% seasonal reference, increasing	CPI; local price monitoring, EMMA	Need to account for wage inflation, subject to rapid change	
Health	Prevalence of illness in last two weeks	>usual for season, increasing	DHS; surveillance systems such as NUHDSS in Nairobi; clinic reporting	Needs to be specific to different diseases to reflect public health risks	WHO also use case fatality rates (of 1%). Can also have different thresholds for cases/week of specified diseases.
Security	Conflict	Widespread, high intensity	Key informants	Highly changeable	Meant to cover violence such as post-election violence in Nairobi
	Prevalence of insecurity (mugging, stabbing, rape, robbery)	>usual, increasing	Surveys; key informants; crime records		
Area outcome: Nutrition	Global acute malnutrition	>usual, increasing, exceeds the seasonal norm	Anthropometric or MUAC measurements from household surveys such as DHS or MICS; clinic measurements, admissions, anthropometric	Late indicator of crisis Frequency of reporting is a challenge, and need to focus on specific area and groups.	IPC includes also >15% GAM but this is very difficult to measure accurately in urban areas because it requires high levels of data disaggregation e.g. by slums

Indicator area	Specific indicator	Threshold	Measurement	Challenges	Comments
			surveys		
	Capacity of nutrition clinics	Unable to cope with demand / sharp increase in admissions	Clinic reporting	Does spare capacity indicate poor outreach or healthy population? Need to verify whether increases in demand are due to emergency or more health seeking behaviour.	The most vulnerable households do not always utilise clinics which they may associate with stigma or because of the transaction costs associated with choosing between attending clinic versus income generation
Area outcome: Mortality	Crude mortality rate (deaths/10,000 people/day)	1-2, increasing, >2x reference rate	DHS; surveillance systems such as NUHDSS in Nairobi, local surveys	In many countries, these rates can be above 2 in 'normal' situations. Very difficult to measure frequently in an emergency	May need to use the 'increasing' threshold
	Under five mortality rate (deaths/10,000 U5s/day)	2-4, increasing	DHS; surveillance systems such as NUHDSS in Nairobi	In many countries, these rates can be above 2 in 'normal' situations. Very difficult to measure frequently in an emergency	May need to use the 'increasing' threshold

Targeting

Findings on targeting

Urban targeting is essential because the population concentration in urban areas means that even more than in rural areas we need to be clear on who is being targeted and why.

In almost all emergency responses, targeting is necessary at some stage and in some way. Most experience is with food security, livelihoods and nutrition programmes as emergency shelter and WaSH activities are more likely to blanket target wider communities. Criteria may be broad: 'the poorest and most vulnerable affected by the disaster'. There is no established best practice methodology, and targeting methods and indicators need to take into account local specificities.

Good targeting in urban areas takes time, resources and good preparedness and contingency planning, including the development of risk and power analysis so that stakeholders including the government can identify their capacity to respond, and identify where and how many people might be affected by various scenarios, as well as putting in place agreements and modalities for cash transfer mechanisms. NGOs have commonly applied community-based targeting in urban areas, but this is very challenging in large cities as urban communities are hard to define and communities and leaders typically lack the coherence, power, confidence and knowledge of their neighbours to do this, given the densely populated and fluid nature of many urban areas.

A number of NGOs have experimented more recently with combinations of scorecards and community key informants instead of CBT. These can often be effective, but need careful tailoring to a specific context. For instance, programme evaluations in Port-au-Prince suggest that given the scale of disaster, blanket targeting, or targeting using an indicator that included isolation (e.g. geographic distance from markets) or displacement (e.g. whether the household has been forced to move by disaster), might have used resources more effectively.

Governments often prefer categorical targeting (e.g. 'orphans' or 'older persons') because this is simpler to explain and justify to their constituencies, and graduation is simpler (i.e. through no longer being a child, or through death of the older person). However, these categories do not always overlap well with poverty or vulnerability, or crisis affectedness, so this approach will not always prioritise the most vulnerable in emergencies. .

Advantages and disadvantages of different targeting methods are summarised in Table 1.2 below. Most methods will use variations of the following indicators:

- **Food security.** Household hunger score and dietary diversity are comparatively easy and fast to measure, though can be hard to get reliable information.
- **Demographic indicators.** Often (but not always) relevant and quite easy to collect.
- **Livelihoods and income.** Income is critical in urban areas but hard to measure directly, hence the use of proxies. Questions on type of employment are more likely to succeed and are often useful. Questions on debt are important but can be unreliable and sometimes ambiguous.
- **Expenditure.** Highly relevant but hard and time-consuming to collect. Proxies are better.
- **Assets and housing.** Easy and reliable because can be verified by visiting targeting teams, but not always well correlated to poverty following an emergency (therefore weakening the usefulness of proxy means tests). Concern in Nairobi effectively combined an asset-based assessment of chronic poverty with a food security based assessment of acute need.
- **Nutritional status.** Reliable and highly relevant but can be expensive to collect.
- **Health status.** Relevant but not always reliable.

- **Receipt of assistance from formal or informal sources.** Usually highly relevant but can be difficult to interpret in contexts where informal sharing is very common.

Table 1.2   Summary of targeting methods

Targeting Method	Definition	Advantages	Disadvantages
Administrative Targeting	Beneficiaries are selected from a population list; the criteria used for selection differ by program. CBT is a type of administrative targeting, in which the list of population members is based on community leaders' knowledge of their fellow villagers. This often uses categorical approaches to targeting.	• Simple to use when lists are available • Community engagement (if CBT is used)	• Risk of exclusion if lists are incomplete or out of date • Prone to exclusion if community leaders favour one group
Community-based targeting (CBT)	Community leaders and members identify beneficiary households based on vulnerability criteria identified in FGD and is then triangulated and verified by the implementing agency	• Community engagement • Not limited to small number of proxy criteria	• Risk of exclusion of marginal social or political groups or new arrivals
Geographic Targeting	Beneficiaries are selected on the basis of their geographic location (e.g., selecting the poorest and most food-insecure districts, and providing assistance to all households in district).	• Easy and quick	• Low targeting accuracy if vulnerable households are widely dispersed
Institutional Targeting	Beneficiaries are selected based on affiliation with a selected institution (e.g., enrolled at a selected school, lives in selected orphanage, or receives ante-natal case services at a selected clinic).	• Relatively easy – only institutions are selected and beneficiaries are those that attend the institution.	• Excludes people that would be eligible but who do who are not registered to receive services at targeted institutions eg IDPs,
Means Testing	Beneficiaries are selected on the basis of their income, expenditures, wealth or assets.	• High potential targeting accuracy	• Time/resource intensive; requires census of all potential beneficiaries
Proxy Targeting	Beneficiaries are selected on the basis of an observable characteristic or set of characteristics. Examples of single-proxy categorical targeting include: targeting by anthropometric status, by age and by physiological status (e.g., pregnancy/ lactation).	• Easy to use if selection traits are obvious • Multi-proxy targeting increases targeting accuracy but may be costlier than single proxy	• Risk of exclusion and inclusion error with single proxy targeting • Proxies may be difficult to observe directly and objectively
Self-Targeting	Beneficiaries 'self-select' by deciding to participate. Incentives to participate e.g. cash for work pay is set at a level just below or equal to daily labour rates, which acts as a self-selection mechanism. Aspects of program design encourage the intended target group to participate and others not to participate.	• Avoids time and resource expenses of other targeting approaches	• Risk of significant leakage unless program is designed to maximise targeting accuracy

Recommendations on targeting

Targeting should be approached as follows:

- Use urban coordination mechanisms to identify vulnerable geographic areas within cities and establish population numbers, key stake-holders' capacity to respond and the gap between them. City-wide vulnerability mapping can reflect population numbers and concentration, livelihood and industrial activity zoning, service provision (both government and commercial), and infrastructure access (e.g. transport, communications, housing etc)

- Adapt integrated baseline PCVA / HEA assessments and analysis including power analysis to provide data on vulnerable groups and risks, as well as highlighting risky geographical zones. In the future this may include markets assessment methodologies based on EMMA as there are discussions underway about combining HEA and EMMA approaches.

- In high risk areas, baseline data can provide clear targeting indicators in advance of the emergency (see recommendations on triggers above). These can be verified once the emergency has hit to ensure that they reflect all of the affected population groups. Joint baseline data collection and contingency planning can help to build consensus prior to the disaster on who is vulnerable and where, and what the community and states capacity to respond and recover is. Targeting in urban contexts needs to take particular care to ensure that vulnerable groups are not overlooked. These include slum dwellers, refugees, IDPs, and socially marginalised groups. The most effective way of tackling this is by breaking the city into grids or predefined areas, and then delineating these areas into sub-units, such as neighbourhoods or street groups to better facilitate analysis. Care must be taken because not all slums and informal settlements are marked on official city maps.

- Apply an adapted IPC framework to urban contexts to enable stakeholders to reach consensus on the level of emergency, and use the response analysis framework to decide on the type of response required and the subsequent targeting.
    - For many emergencies, starting with blanket provision is likely to be appropriate, but targeting will subsequently be required.
    - Base the decision on a calculation of the scale of need and the resources that are currently available or that will be available in the future.
    - Try to ensure that local government officials are involved in the decision from the outset, and utilise government mechanisms where possible. For example, use existing social protection programmes that can be scaled up in emergencies to deliver cash transfer programmes. Following this decision, begin planning for targeting immediately.

- Decide what geographical areas, vulnerable groups, households or individuals to target.
    - Most targeting criteria will specify both areas and types of households.
    - Understand and take account of local political issues to identify targeting criteria that make sense in the local politics.
    - Work closely with government representatives to ensure all targeting processes are integrated into government programmes.
    - The choice of targeting criteria will need to take into account the feasibility of identifying these areas and individuals.
    - The feasibility of targeting mechanism and indicators will to some extent depend on the information available.

- Specify a targeting methodology, including indicators to identify areas or households.
    - Existing targeting methods should be used or adapted where possible, and targeting must be time- and place-specific.

- o Urban targeting indicators need to be more responsive to change than rural indicators because the pace of change in urban areas is very high.
- o Agree where possible on targeting methodology in advance.
- Each targeting method has limitations, outlined above. Targeting design and implementation will have significant impacts on the political credibility of the programme, which is vital in volatile urban areas. There is no perfect methodology that can be recommended in every case. In general, census-based scorecards are likely to be most effective if time and money permit, and if not, carefully implemented community based targeting (CBT) systems will be best.
  - o Census approaches using targeting scorecards or proxy means tests are usually the most effective methods in urban areas for identifying the poorest most fairly, and also generate a longer list of households for future scaling up of responses, but:
    - Organisations may lack funding or time to develop proxy means tests, particularly in rapid onset emergencies. However, scorecards are more straightforward than proxy means tests and templates are available and can be adapted. ACF demonstrated cost effective use of scorecards in Abidjan and Port-au-Prince, and Concern demonstrated the cost effectiveness of a census scorecard in Nairobi.
    - Care needs to be taken adapting scorecards or tests using knowledge of the local context and time to verify indicators.
    - They must be implemented with the consent and participation of community members, but not with their full control.
    - Surveyors should not be able to take final targeting decisions in households as this can undermine their credibility and cause resentment. Ideally, NGO staff should visit households directly to improve credibility.
    - Decisions should be made at head office or with an algorithm in the field.
    - Results should have some possibility of 'human over-ride' to correct obvious exclusions generated by the tests.
    - Digital data gathering can improve the speed and reliability of the process.
  - o CBT can identify the poorest households in urban areas and is comparatively fast and cheap to design and implement. If resources are limited, this may be the best option, However:
    - Urban populations often do not know each other well and communities are hard to define, which usually results in greater reliance on community 'leaders' (as in Oxfam's and Concern's work in Nairobi) , who do not always have the knowledge or incentives to target fairly.
    - Targeting through community leaders can generate significant resentment, particularly in already fragmented or tense urban areas (as ACF concluded in Abidjan).
    - Strong facilitation and great care are therefore required to ensure that community members and leaders have the knowledge and incentives to participate fairly, and to avoid putting too much pressure on community leaders. This can increase the cost of targeting.
- Implementing any targeting approach:
  - o At least 10% of selected households should be visited for verification. If 30% of visited households do not meet the criteria, selection should be re-run.
  - o A computerised data entry and management system should be designed in advance to track, monitor and provide accountability around targeting.
  - o Local organisations will need to be involved in implementation, but the name of an international organisation can sometimes help with credibility.

Main points to be kept in mind

As a brief summary, the following points are key to approaching urban emergencies:

- Identify 'high risk' urban areas within a city where an emergency is likely to occur, and develop vulnerability mapping that supports contingency planning.
- Establish an information system in these areas prior to an emergency and use these to construct a baseline for the vulnerability, risk and coping situation, and use these to plan geographic and household targeting. Utilise all primary and secondary data available and apply tools such as IPC where appropriate.
- Explore the possibility of using technology to develop the information basis, using digital data gathering and GPS to improve cost efficiency over the long-term.
- Specify a system of triggers, cut offs and assessment methodologies in advance of an emergency, and develop political consensus around these amongst the key stakeholders and donors. Ensure that this is carried out in high risk areas.
- Base the system on an adaptation of the IPC for a specific urban context designed using the IDSUE and HEA. Use the indicator tables above as a basis for this system.
- Design time- and place-specific targeting, but be aware that there are usually many existing approaches that can be adapted usefully. Agree where possible on targeting methodology in advance.
- Be aware of the limitations of 'community based targeting' processes in urban areas, and ensure that any community based targeting systems are very effectively facilitated, so that community leaders or authority figures do not exercise undue influence.
- Prioritise the use of census approaches using targeting scorecards or proxy means tests, though ensure that these are implemented with the consent and participation of community members, and have some possibility of 'human over-ride' to correct obvious exclusions.
- Carry out census exercises gathering minimal information in high risk areas as part of disaster preparedness.
- Urban surveillance and targeting indicators need to be more responsive to change than rural indicators because the pace of change in urban areas is very high.
- Work with political issues to identify targeting criteria that make sense in the local politics.
- Work closely with state representatives to ensure all targeting processes are integrated into governance programmes.
- Ensure that any emergency programming is integrated with development work so that the one supports the other.

Table of contents

List of tables and figures

Abbreviations

ACE	Assessment and Classification of Emergencies
ACF	Action Contre la Faim – Action Against Hunger
APHRC	African Population and Health Research Centre
CBT	Community Based Targeting
ECHO	European Commission Humanitarian Office
EFSL	Emergency Food Security and Livelihoods
FANTA	Food and Nutrition Technical Assistance Project
FAO	Food and Agriculture Organization
HEA	Household Economy Approach
HNTS	Health and Nutrition Tracking Service
IASC	Inter-Agency Standing Committee
IFRC	International Federation of Red Cross
IPC	Integrated Food Security Phase Classification
NICS	Nutritional Information In Crisis Situations
OCHA	Office for the Coordination of Humanitarian Affairs
OPM	Oxford Policy Management
PMT	Proxy Means Test
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
UN-HABITAT	The United Nations Human Settlements Programme

1 Introduction: purpose and structure of desk review

1.1 Purpose of desk review

Over the last five decades emergency responses to humanitarian crises have been concentrated on developing rural-based skills and tools. Increasingly large numbers of people live in urban areas in developing countries, and with these increasing population concentrations come higher levels of risk of urban emergencies. It is therefore important to understand the differences between rural and urban Emergency Food Security and Livelihoods (EFSL) programming and to establish adapted assessment methodologies and programme responses for urban areas.

Rapid and timely responses to urban emergencies have been problematic, often too slow (as following the food price rises in Nairobi in 2008), or unable to either scale up sufficiently to meet needs, or integrate humanitarian and development approaches (as was arguably the case in Haiti following the earthquake in 2010). In slow onset emergencies this is exacerbated by the fact that there is no strong consensus around what should trigger an emergency in urban areas – in contrast with the stronger agreement in rural areas. Moreover, emergency responses in urban areas have also found targeting more challenging than in rural areas, given the dense and fluid populations, political contention, and the large number of stakeholders.

This document attempts to set out lessons in the areas of triggers and targeting for field practitioners through analysis of Oxfam, Concern and Action Contre la Faim's (ACF) urban field experience. It focuses on food security, livelihoods, and nutrition interventions in both slow onset and rapid onset emergencies. It aims to assist in capacity building and guidance in preparation for and during urban emergency responses. The objectives are:

- "To collate (and where necessary further analyse) indicators which have been utilised by Oxfam GB, Concern Worldwide and ACF to compile a list of suitable indicators for urban contexts and recommend which indicators should form the basis of urban targeting processes.

- To summarise the strengths and weaknesses of three different targeting approaches which are utilised in urban humanitarian responses (community based targeting, proxy means tests, 'weighted' indicator methodology) according to the context, resources and capacity, and objective of the intervention."[4]

1.2 Structure of document

This report synthesises a desk review of indicators and targeting mechanisms utilised by Oxfam GB, Concern Worldwide and ACF in urban emergencies; as well as information from interviews with key staff within these organisations. Section 2 outlines the trigger indicators used for entry and exit in urban emergencies and suggests possible improvements. Section 3 describes targeting methods for various interventions, including suggestions for improvement. Section 4 concludes and recommends a way forward. A list of references and an annotated bibliography in Appendix 3 provides a list of resources for further reading that may be useful for readers seeking more detail. Appendix 2 provides more detail on classification systems. Appendix 1 defines terms. The document is designed to be read as guidance: readers can skip to sections they find most relevant and each section is self-contained. Hyperlinked text throughout the document assists navigation.

---

[4] Terms of Reference, 'EFSL Urban targeting methodology and indicators best practice report'.

2   Triggers

This section is in two parts. The first maps out existing trigger systems (including standards, assessment tools, and analysis frameworks) for scaling up and scaling down emergency response and assesses the gaps and overlaps in each.

The second provides practical guidance for programme managers on how to decide when to start and stop emergency interventions in urban areas.

[Back to structure]

2.1   Introduction to triggers

Triggers are events or indicators that precipitate the beginning or end of an emergency response. An emergency is an extraordinary situation in which people are unable to meet their basic survival needs, or there are serious and immediate threats to human life and well-being. Triggers can be straightforward with rapid onset natural disasters providing clear evidence of the event of the disaster, or more nuanced for slow onset emergencies.

Triggers should help to answer the following questions:

* In slow onset emergencies, when does a chronic situation become an acute or emergency situation?
* What response is appropriate for a given severity of situation?
* When does an emergency situation return to a chronic situation?

In practice, triggers for emergency response have been established in the last 10 years but are not always applied, particularly in slow onset emergencies. Scaling down from emergency situations is most often not objectively determined, but occurs when funding runs out. This is not specific to urban areas.

However, using objective and valid triggers is vital for the impact, quality, and accountability of interventions. Having clear and established triggers will help to achieve consensus amongst donors and other actors on the resources required and the correct organisational structures to deploy.

Although urban assessment tools have been developed no subsequent urban triggers or cut offs have been established. In a wide-ranging review, Creti (2010) notes that "few agencies (ACF, IFRC, HEA and WFP) have developed specific guidance for urban contexts. ACF is the only agency that has developed a comprehensive guideline for food security assessments, while the other agencies have added technical guidance to the existing guidelines. The level of additional information varies from brief introductions to urban context features (IFRC) to technical suggestions on how to adapt food security indicators and sampling methods to urban contexts (WFP)."

[Back to structure]   [Back to top of section]

2.2   Existing trigger systems

This section considers two frameworks that could be used to trigger urban emergencies. The principal framework is the Integrated Food Security Phase Classification (IPC), widely used in the

analysis of rural emergencies. The second is the 'Indicator Development for Surveillance of Urban Emergencies' (IDSUE), an attempt by Concern Worldwide to develop urban-specific indicators in Nairobi. This attempt is still in progress, so it is briefly summarised in the main text, and further details are provided in Appendix 2.

Section 2.2.2 then details data collection tools that can be used to populate these frameworks in Table 2.2. The Household Economy Approach (HEA) and Participatory Capacity and Vulnerability Analysis are discussed in more detail as part framework, part tool that are commonly used by NGOs. Finally, section 2.2.2.2 compares frameworks in terms of their usefulness for urban emergencies and recommends a way forward.

Further frameworks, such as the Nutritional Information in Crisis Situations (NICS), and examples are given in Appendix 2. These frameworks are not included in the main text for brevity and because they are not as applicable to urban emergencies. For instance, NICS focuses on interpreting long-term anthropometric data and judging risks and threats to nutrition in the long- and short-term, rather than on triggering emergency response.

2.2.1 Analysis frameworks

Analysis frameworks are ways in which this information can be combined to contribute to decisions on whether or not to intervene. Each analysis framework differs in the indicators used and the cut offs for each indicator that implies intervention. There are currently no urban-specific indicator cut offs for emergencies. Practitioners will need to focus on a single set of indicators and cut offs that provide an objective rationale for intervention and can be clearly communicated to donors.

The core indicator areas represented by these frameworks are:

- Food security
- Nutrition
- Prices of essential urban goods (food, fuel, rent)
- Water
- Health
- Security/crime
- Displacement
- Availability of social protection and humanitarian assistance
- Debt or credit, either formally or informally
- Socioeconomic status/livelihoods/coping strategies

The availability of data and existing documentation will be central to deciding which system to use. Very often, the sorts of detailed data required to populate these indicators are not available, or up to date, and cannot be collected except with a very expensive data collection exercise. This may not be practical in an emergency, particularly in urban areas where data collection can be complicated by population density. Where possible, existing data sources and assessments (including grey data) should be used and built up where necessary, and may go some way to providing trends that can be used to support situation analysis.

The following frameworks are often used by NGOs including Oxfam, ACF and Concern. These frameworks can either specify thresholds that can be applied generically (like the IPC), or

contribute to the development of context-specific thresholds. These frameworks may need to be adapted for urban emergencies.

[Back to structure]   [Back to top of section]

2.2.1.1   The Integrated Food Security Phase Classification (IPC)

The IPC was developed as a means to guide decisions about emergency intervention in food security, livelihoods and nutrition programming, primarily in rural areas. The IPC was developed by the FAO Food Security Analysis Unit (FSAU) in Somalia in 2004 to organise and present information on food security, nutrition and livelihoods collected through different assessment methods. A revised and improved IPC Manual was issued in October 2012.

Box 2.1   The IPC in summary

> The IPC classifies five phases of food security: None/minimal, Stressed, Crisis, Emergency and Humanitarian Catastrophe/Famine, which should inform short-term (up to one year) objectives. The IPC has two units of classification: 1) Area-based and 2) Household Group-based (i.e. food security amongst a homogenous group of the population). These are linked in that the area classification and require 20% of the population based on the household group classification to be in that phase or worse. The area-based analysis can be conducted with a sub-set of the population, such as slum-dwellers.
>
> The IPC aims explicitly to assist decision-making, and includes processes and tools to make this more likely. Each phase has implications for responses. The IPC permits early warning through projections, and situation and response analysis. The revised manual includes sections on building technical consensus and communicating for action. 'Building technical consensus' involves establishing a multi-disciplinary technical working group chaired by a government official to conduct the analysis and consulting key decision-makers as part of the process. 'Communicating for action' involves disseminating headline information, maps and narratives to key stakeholders using and developing a communication plan. The revised manual contains detailed communication templates.

The IPC classification aims to make the best use of the evidence available, in a rigorous and transparent manner. The revised manual sets out several quality assurance processes:

- the formation and involvement of the Technical Working Group (TWG).
- documenting all evidence and assigning a reliability score of 1 (somewhat), 2 (reliable) and 3 (very reliable) to each piece.
- assigning a confidence level of acceptable, medium and high depending on the amount of reliable evidence available. Classifications should only be deemed acceptable when there is at least one piece of reliable evidence for any of the food security outcomes (food consumption, livelihood change, nutritional status and mortality rates – this is not required for projections) and at least four pieces of reliable evidence for different contributing factors (food availability, access, utilisation and stability and causal factors such as livelihood assets and strategies) or outcome elements.
- the classification should also be subject to a self-assessment and peer review by the TWG following procedures outlined in the manual.

The revised IPC is very process-oriented, which is vital for an effective system for triggers for emergencies. It sets out indicative steps from awareness-raising through commitment, planning capacity building, data inventory, analysis, communication and lessons learned. This will be essential – though complex – in urban areas.

The key Indicators in the revised IPC are designed to be relatively easy to gather or infer, and draw on common indicator types. For instance, for the household outcomes:

- **Food consumption** is measured by
  - quantity consumed,
  - the Household Dietary Diversity Score (HDDS),
  - the Food Consumption Score (FCS),
  - the Household Hunger Score (HHS),
  - the Coping Strategies Index (CSI), and
  - the Household Economy Analysis (HEA).
- **Livelihood change** is based on:
  - livelihood strategies,
  - assets and
  - coping strategies.
- The **contributing factors** are measured by:
  - food availability, access, utilisation and stability, and
  - hazards and vulnerability.

For area outcomes, acute malnutrition, BMI, child and infant mortality rates are key indicators. Potential sources of evidence for all these indicators are set out in detail.

The Household Group-based reference tables are given in Table 2.1 below. These indicators simply colour coded to guide decisions around interventions. The (similar) Area based reference table and an example of the way IPC information might be communicated is given in Appendix 2.

Although the IPC is a widely used classification system in humanitarian response to emergencies, its use is limited by a few considerations (Concern Worldwide; APHRC, 2012).

- The IPC relies on secondary data which, if it is of poor quality, limited scope and/or questionable accuracy limits the accuracy of any analysis that can be done with it.
- The household outcomes (food consumption, livelihoods and coping) are quite straightforwardly applicable in urban areas (within specific geographical areas), but the area outcomes of nutritional status and mortality rates need adaptation for urban areas. The high population density and inequality in urban areas can mean that while malnutrition rates can be low as a percentage of the population, the absolute number of malnourished people – and hence the likelihood of an emergency – can be very high. This adaptation should focus on the absolute number of malnourished people or the number of malnourished people relative to the capacity of health services to care for them.
- Given massive heterogeneity in urban areas an overall classification using IPC may be difficult. Urban areas first have to be broken down into smaller zones, such as slums, and then slums need to be disaggregated into areas reflecting very different levels of vulnerability.
- Although IPC incorporates key outcomes that are broader than food security, it is still focused on classifying the food security situation rather than multi-sectorial humanitarian analysis and thus may not be appropriate for all forms of humanitarian crisis.

Table 2.1   IPC Acute food insecurity reference table for household group classification

		Phase 1 None	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe
	Phase Name and Description	HH group is able to meet essential food and non-food needs without engaging in atypical, unsustainable strategies to access food and income, including any reliance on humanitarian assistance.	Even with any humanitarian assistance: - HH group has minimally adequate food consumption but is unable to afford some essential non-food expenditures without engaging in irreversible coping strategies	Even with any humanitarian assistance: - HH group has food consumption gaps with high or above usual acute malnutrition; OR - HH group is marginally able to meet minimum food needs only with accelerated depletion of livelihood assets that will lead to food consumption gaps.	Even with any humanitarian assistance: - HH group has large food consumption gaps resulting in very high acute malnutrition and excess mortality; OR - HH group has extreme loss of livelihood assets that will lead to large food consumption gaps in the short term.	Even with any humanitarian assistance: - HH group has an extreme lack of food and/or other basic needs even with full employment of coping strategies. Starvation, death, and destitution are evident.
	Priority Response Objectives	Action required to Build Resilience and for Disaster Risk Reduction	Action required for Disaster Risk Reduction and to Protect Livelihoods	**Urgent Action Required to:**		
				Protect livelihoods, reduce food consumption gaps, and reduce acute malnutrition	Save lives and livelihoods	Prevent widespread death and total collapse of livelihoods
Household Outcomes (directly measured or inferred)	Food Consumption* (quantity and nutritional quality)	**Quantity:** adequate (2,100kcal pp/day); stable **HDDS:** no recent deterioration and >=4 food groups (based on 12 food groups) **FCS:** "acceptable consumption"; stable **HHS:** "none" (0) **CSI:** = reference, stable **HEA:** No "Livelihood Protection Deficit"	**Quantity:** minimally adequate (2,100kcal pp/ day) **HDDS:** recent deterioration of HDDS (loss of 1 food group from typical based on 12 food groups) **FCS:** "acceptable" consumption (but deteriorating) **HHS:** "slight" (1) **CSI:** = reference, but unstable **HEA:** "Small or moderate Livelihood Protection Deficit"	**Quantity:** food gap; below 2,100 kcal pp/day OR 2,100 kcal pp/day via asset stripping **HDDS:** severe recent deterioration of HDDS (loss of 2 food groups from typical based on 12 food groups) **FCS:** "borderline" consumption **HHS:** "moderate" (2–3) **CSI:** > reference and increasing **HEA:** Substantial "Livelihood Protection Deficit" OR small "Survival Deficit" of <20%	**Quantity:** large food gap; much below 2,100kcal pp/day **HDDS:** <4 out of 12 food groups **FCS:** "poor" consumption **HHS:** "severe" (4–6) **CSI:** Significantly > reference **HEA:** "Survival Deficit" >20% but <50% with reversible coping considered	**Quantity:** extreme food gap **HDDS** 1–2 out of 12 food groups **FCS:** [below] "poor" consumption **HHS:** "severe" (6) **CSI:** far > reference **HEA:** "Survival Deficit" >50% with reversible coping considered
	Livelihood Change (assets and strategies)	Sustainable livelihood strategies and assets	**Livelihood:** Stressed strategies and assets; reduced ability to invest in livelihoods **Coping:** "Insurance Strategies"	**Livelihood:** Accelerated depletion/erosion of strategies and assets that will lead to high food consumption gaps **Coping:** "Crisis Strategies"	**Livelihood:** Extreme depletion/ liquidation of strategies and assets that will lead to very high food consumption gaps **Coping:** "Distress Strategies"	**Livelihood:** Near complete collapse of strategies and assets **Coping:** effectively no ability to cope
Contributing Factors		For Contributing Factors, specific indicators and thresholds for inferring Phase need to be determined and analysed according to the unique causes and livelihood context of household groups. General descriptions are provided below. See IPC Analytical Framework for further guidance on key aspects of availability, access, utilization, and stability.				
	Food Availability, Access, Utilization, and Stability	- Adequate to meet food consumption requirements and short-term stable; - Safe Water ≥15 litres pppd	- Borderline adequate to meet food consumption requirements; - Safe Water marginally ≥15 litres pppd	- Highly inadequate to meet food consumption requirements; - Safe Water 7.5 to 15 litres pppd	- Very highly inadequate to meet food consumption requirements; - Safe Water 4 to 7.5 litres pppd	- Extremely inadequate to meet food consumption requirements; - Safe Water <4 litres pppd
	Hazards and Vulnerability	None or minimal effects of hazards and vulnerability on livelihoods and food consumption	Effects of hazards and vulnerability stress livelihoods and food consumption	Effects of hazards and vulnerability result in loss of assets and/or significant food consumption deficits	Effects of hazards and vulnerability result in large loss of livelihood assets and/ or food consumption deficits	Effects of hazards and vulnerability result in near complete collapse of livelihood assets and/ or near complete food consumption deficits

Source: IPC (2012: 33)

[Back to structure]   [Back to top of section]

2.2.1.2   Indicator Development for Surveillance of Urban Emergencies (IDSUE) in Nairobi

As a response to the absence of specific urban classification systems and trigger indicators, Concern Worldwide and partners are attempting to develop specific indicators for urban emergencies in Nairobi under a project known as IDSUE. This project offers very exciting opportunities to develop an urban specific set of indicators and thresholds, but is not yet currently sufficiently well advanced to achieve this. This section provides a brief summary and further analysis is available in Appendix 2.

Concern Worldwide, in partnership with the African Population and Health Research Centre (APHRC), is currently undertaking an operational research study to develop and empirically test a set of slow-onset emergency indicators for an urban slum environment in Kenya. In Korogocho and Viwandani slum settlements in Nairobi, quantitative data was collected in three rounds from randomly selected households, through APHRC's regular data gathering. These rounds were pre-emergency (January-December 2007), emergency (January 2008-June 2009), and post-emergency (July 2009-October 2010). The emergency period covered two months (January-February 2008) of violence following the election and a further 16 months of post-election violence and global food price rise effects. Data were not collected in some months following the election due to the violence. The magnitude of change in these indicators in the emergency period suggests their usefulness as emergency indicators (though not necessarily as early warning indicators). Qualitative data was also collected using a framework similar to the HEA: asking what constitutes the norm, a crisis, and coping strategies in an urban informal setting, and to identify early warning signs of crisis.

These data were used to develop indicators in eight domains that were then tracked over several rounds as a basis of emergency surveillance under IDSUE, which began in late 2010. The eight domains were **food security, markets, water and sanitation, health and health facilities, interpersonal relationships, security, employment and socio-economic status, and coping strategies, and markets have subsequently been folded into food security**. 17 indicators in these eight domains are being tracked, and five roughly quarterly rounds of data collection have been collected so far (to January 2013) in two slums in Nairobi, with a further seven planned until 2015 in five other slum areas.

At the time of writing, a draft year two research report was available from Concern. This report notes that the indicator set is being revised, but the expectation is that these indicators will be monitored regularly and thresholds for each will be assigned (in the next three years) to denote emergencies. It was suggested that no more than 10 indicators be chosen eventually, and thresholds will be attached to each indicator.

Two important conclusions seem clear from initial data analysis:

- the two slum areas where indicators have been tracked have had very different experiences, which do not demonstrate obvious seasonal trends.. This underlines the importance of using small areas to make estimates.
- The indicators do not appear to co-vary. In other words, in the same period in a single area, one indicator of crisis might improve and another deteriorate, without clear explanation. This may be because there has been no crisis during this period. Overall, it is not clear whether significant variation in an indicator means that it is a good candidate for inclusion in a system of triggers – it may be too sensitive to be useful. More work needs to be done before this research can be useful for developing a trigger system.

[Back to structure]   [Back to top of section]

2.2.2 Assessment tools[5]

Assessment tools provide methodologies with which to gather and interpret data relevant to decisions about humanitarian intervention using situation analysis. These data populate the analysis frameworks set out above that apply thresholds to make decisions about scaling up and down humanitarian response..

There is a wide range of available assessment tools, but they are not specific to urban areas. Details of the key indicators for these various systems are provided in Table 2.2 that follows, together with hyperlinks to the tools. A shorter summary is available in Appendix 2. HEA and PCVA are discussed in more detail at the end of the section.

The tools set out in Table 2.2 demonstrate a high degree of overlap in terms of the indicators that they use, reflecting the core indicator areas set out in the section on frameworks above. Although each set of tools focuses on a slightly different sector or stage of emergency, and involves a different speed of assessment and differentiation, a common set of indicators emerges. This common set informs the suggested urban emergency indicators in Table 2.3 below.

---

[5] This document does not look at humanitarian response standards, which are obviously key to designing responses. The SPHERE Project provides the clearest and most widely accepted statement of humanitarian responses standards, but the Standardized Monitoring and Assessment of Relief and Transitions (SMART) and the Health and Nutrition Tracking Service (HNTS) are also relevant.

Table 2.2   Humanitarian assessment data collection tools

Sector	Tool	Key features	Adapted to urban contexts?
Pre-Crisis Vulnerability and Risks	Comprehensive Food Security and Vulnerability Analyses (CFSVAs)	• Same core set of indicators and information as used in WFP's Emergency Food Security Assessments (EFSAs)	Yes – adapted
	Multiple Indicator Cluster Survey (MICS)	• Nutrition, food security, health, mortality and WASH related indicators • Representative data collected nationally in most countries every 3-5 years	Not specifically, but disaggregates by rural and urban
	Risk Mapping and Shelter Response Planning (UN HABITAT & GRIP)	• PCVA	No
	Participatory Capacity and Vulnerability Analysis (PCVA)	• Information on community, groups, disasters, climate. • Planning tool focusing on climate change rather than assessing vulnerability per se. See below.	No
Multi-Cluster/ Multi-Sectoral Tools	ICRC and IFRC Emergency Assessments	• Full picture of emergency including sectors with potentially life threatening problems (protection, water, food, sanitation, shelter and health) • Coping strategies and available resources • Conduct fieldwork in a participatory way using triangulated sources, but guidelines give quite significant scope for interpretation and local tailoring	No
	Multi-sector Initial Rapid Assessment (MIRA)	• Provides information on eight themes (drivers of crisis and underlying factors, scope of crisis and humanitarian profile, status of populations in affected areas, national capacities and response, international capacities and response, humanitarian access, coverage and gaps, strategic humanitarian priorities). • Involves primary and secondary data analysis to produce preliminary scenario definition within 72 hours and MIRA report within two weeks	No
Camps	Camp Coordination and Camp Management (CCCM) Assessment Framework	• Most of the indicators in the assessment relate primarily to availability of services and community governance structures. • Other indicators tracked include land ownership, population figure accuracy, community participation, dispute resolution mechanisms, local capacity for food supply and shelter construction, and distance to the nearest primary school.	No

Education	Rapid Assessment in the Education Sector (UNICEF). Rapid Assessment Field Data Checklist followed by Rapid Education Assessment of Learning Spaces (RALS) tool	• Key indicators to be used in the initial, rapid cross-sectoral assessment relate to school attendance, education priorities, education infrastructure, education system capacity and education materials. • Additional indicators included in the RALS include number, ages and gender of affected children and location, gender and qualification of teachers. • All indicators reflect the Inter-agency Network for Education in Emergency (INEE)'s Minimum Standards for Education in Emergencies	No
EFSL	WFP's Emergency Food Security Assessment (EFSA) Tools	• Mortality: crude mortality rate, under-5 mortality rate; • Nutrition status: wasting, stunting and underweight in children, body mass index (BMI) in adults, Middle Upper Arm Circumference (MUAC) in children and adults; • Food consumption: Food Consumption Score (FCS) • Food access • Coping strategies • Sources include primary fieldwork and data collected from other agencies	Yes – adapted for urban areas
	The Livelihood Assessment Tool-kit (LAT) (FAO and ILO)	• % of households losing employment due to disaster; • % of households undertaking various coping strategies (including looking for work) after disaster • Assets lost at household and community levels (physical, human, financial, social and natural) after disaster. • Sources include primary fieldwork and data collected from other agencies	No
	Adapted Household Economy Approach (HEA)	• This can be adapted to analyse secondary data and collect primary data in both regular assessments and Rapid Assessments of emergencies. See below	Yes – adapted for urban areas
	ACF Food Security and Livelihoods Assessment Guidelines	• Based on UNICEF causal framework for malnutrition and DFID sustainable livelihoods approach. Comprehensive approach to food security, nutrition and livelihoods. • Provides a clear guideline for fieldwork and sampling. Community participation is important, but other data collection methods are available.	No

	ACF Identification of vulnerable people in urban environments	• Assessment of sustainable livelihoods and urban vulnerabilities • Provides a suggested framework for assessments but requires further piloting and adaptation	Yes – specific to urban areas
	Oxfam's 48 hour assessment tool	• Food security, livelihoods, markets, health, water, sanitation, and response capacity. • Designed to provide information on EFSL situation within a few days. Includes questions on capacity of markets and cash delivery structures. Focuses on typical household.	No
IDPs	Guidance on Profiling Internally Displaced Persons (IASC)	• Total number of IDPs (disaggregated where possible by age and sex) and location of IDPs	No
Health	Health Resources Availability and Mapping System (HeRAMS)	• Generates indicators on health resources availability, in terms of services, human resources or infrastructures. • Does not take access into consideration.	No
Protection	Protection Cluster Monitoring/Assessment Systems		No
Shelter	Shelter Assessment Tools (post disaster)	• Uses SPHERE minimum standards	No
WaSH	WASH Cluster Survey Tool	• The WASH Cluster Survey Tool is a database of indicators which can be used to develop (i) a Rapid Assessment Tool (RAT); (ii) a Comprehensive Assessment Tool (CAT); or (iii) a Monitoring Tool. • The indicators are mainly based on SPHERE Standards and the ACF Handbook	No

Source: Adapted from OCHA (2009)

2.2.2.2   The Household Economy Approach

The Household Economy Approach (HEA) is a livelihoods-based tool for analysing the way people obtain food, non-food goods and services, and how they might respond to changes in their external environment, shock or hazard. It was developed in order to improve predictions of short-term changes in access to food by identifying, quantifying and suggesting responses to food shortages across large populations, and tries to encompass the needs of emergency planners more broadly. HEA can be used in a wide variety of different settings and in recent years, the approach has also been adapted for use in emergency situations (1999 drought in Pakistan, 2004 Tsunami in Asia, 2005 Kashmir earthquake in Pakistan, the 2006 conflict in Lebanon, and an analysis of food insecurity in urban and semi-rural areas of Gaza in early 2013). It now also forms part of the IPC.

HEA analyses 1) how people in different social and economic circumstances get the food and cash that they need, 2) their assets, opportunities and constraints, and 3) their options in a time of crisis. This involves understanding how people use markets and how market shocks affect people. A typical HEA will construct a baseline setting out pre-shock food and income as a percent of minimum calorie needs, and then analyse how this is affected by a shock (a drought in a neighbouring country is given as an example in the HEA guide) and by households' coping response. The four core areas of an HEA are therefore Baseline + Hazard + Coping = Outcome. An emergency response is warranted when the projected outcome falls below a survival threshold.

Six steps are required to conduct this analysis. First, livelihood zoning to delineate areas within which people share a livelihood. Second, wealth breakdown to group people based on local definitions of wealth and assets. Third, analysis of livelihood strategies compared across livelihood zones and wealth groups. This concludes the baseline. Fourth, problem specification that translates a shock into economic consequences for different livelihood strategies. Fifth, analysis of coping capacity to assess how different households respond to a shock. Sixth, projected outcome that predicts the effects of shocks relative to a survival and livelihoods protection threshold.

HEA has been used primarily in rural areas, though the Practitioners Guide includes a section on adaptation to urban areas, and urban HEAs have been conducted in several countries including Djibouti, Harare, Hargeisa and Pristina. The HEA guide recommends several adaptations for urban areas. Livelihood zoning should be replaced with dividing a city into broad areas of wealth (e.g. central business district versus slums, and smaller groups within slums). Wealth groupings should focus on expenditure and not income. However, urban adaptation brings with it a number of problems, set out in Box 2.2.

Box 2.2   Difficulties with HEA in urban areas

First, it is challenging to find an appropriate fieldwork technique. HEA does not specify a field method, but most HEAs have used rapid rural appraisal techniques – semi-structured interviews or focus groups. The HEA manual suggests interviews with community based organisations and interviews with small groups of informants from different wealth groups using random sampling if possible. However, these techniques are not easy to apply in many urban areas because few respondents know enough about the whole economy (Seaman and Petty no date:55) and because sample frames can be very difficult to obtain.

Second, urban individuals and households are very heterogeneous in terms of their livelihoods and vulnerabilities, which makes livelihood zoning, wealth grouping and market analysis very complex. The livelihood zones recommended by the guide may therefore remain very large and heterogeneous. Third, the unpredictability of urban livelihoods (unlike those based on the agricultural season), means that monitoring needs to be conducted more frequently and baselines updated

[Back to structure]   [Back to top of section]

2.2.3 Participatory capacity and vulnerability analysis (PCVA)

Oxfam has developed a [PCVA tool](#) outlining a process for multi-stakeholder risk analysis and planning in areas where natural disasters are significant drivers of poverty and suffering. It aims to contribute to empower "poor men and women to make informed choices that reduce the risks of disasters and their negative impact on people's livelihoods and well-being," (PCVA: A practitioner's guide, page 6). The focus is disaster risk reduction, and particularly natural disasters (and their interaction with people's capacity to deal with them), and climate change adaptation. The PCVA is likely to be more helpful for response planning than triggering emergencies.

The PCVA process is set out clearly in the manual and involves seven steps:

- preparation,
- collecting secondary data,
- beginning to work with the community,
- analysing hazards, the impact of climate change, vulnerability and capacities
- prioritising risk
- developing a risk reduction plan, and
- putting the action plan into practice.

While the tool has been updated explicitly to make it relevant to communities in urban environments, and there are some examples of PVAs in urban areas such as Kathmandu, the participatory approach will be more challenging in general in very densely populated urban areas where communities are less well defined. This review has not explored these challenges in detail.

Oxfam have recently piloted an integrated PCVA / HEA approach to vulnerability analysis and identification of livelihood opportunities in urban metropolitan Manila. This approach is currently being written up.

2.3 Guidance for developing urban emergency triggers

A system of triggers and the frameworks and methods to assess them should be identified in advance of an emergency. An effective system of urban triggers will include quantitative and qualitative indicators with relative cut-offs that are geographically and contextually specific to different urban contexts, and sufficiently disaggregated to cover relatively small areas (such as single slums) and population groups (such as low income households). This should be agreed between different actors so that there is consensus on what change would constitute justification for emergency intervention. This would be used for funding applications and as the basis for scaling up or down emergency response.

Triggers for urban emergencies should be built from the revised IPC, though the indicators used in the IPC need to be carefully tailored to urban contexts. Concern's work and the urban adaptations of the HEA tool present the most promising avenues for adapting the IPC to urban contexts, although neither is currently in a state where it can be simply applied to urban areas. This section provides practical guidance on building such a system.

2.3.1 Identify areas where an urban emergency is likely

Identifying urban areas where an emergency is likely to develop is not straightforward, but is an essential piece of planning. There are a few likely candidates, and it is essential that preparedness and contingency plans are made.

Various organisations are looking at where the next urban disasters may take place, and it would be useful to coordinate these efforts. For example, Concern is using seismology to help prepare for further urban earthquakes. They are also attempting to develop an extensive early warning system for urban emergencies.[6] Attempts to track price rises globally as a means to prepare for slow onset disasters related to inflation ran into methodological difficulties, but there may be alternatives.

2.3.2 Build technical and political consensus

Technical and political consensus is essential to a shared understanding of emergency triggers, high quality analysis, and common acceptance of when to scale up to emergency response. Political challenges can be just as significant as technical ones, so the government and key donors must be involved. The IPC recommends forming a multi-stakeholder Technical Working Group (TWG) and consulting closely with key decision-makers. This should be done in advance and should be linked to existing humanitarian cluster activities, and should either be specific to urban areas or ideally should contain representatives that can speak to the complexity and specificity of urban areas.

A TWG should be composed of 5-20 technical experts representing key agencies and sectors, and should be chaired by a technical officer from the national government. The TWG may not need to be founded anew but can be adapted from or assimilated into existing arrangements, providing an urban focus can be secured. Where there are humanitarian clusters in operation, members of the relevant sub-clusters (food security and nutrition, led by FAO, WFP and UNICEF) should be included in the TWG so that coordination arrangements are as simple as possible. Other ongoing initiatives should also be included. For instance, in Kenya there is currently an Urban Vulnerability Forum coordinated by UN-OCHA and UN-HABITAT in which Concern and Oxfam play important sustaining and animating roles. NGOs should play an important role in demanding that TWGs be established in urban areas that are identified as at risk, or that urban issues are given due consideration by a national TWG.

The TWG should conduct unbiased analysis and release this in a transparent way, but should consult with key decision-makers before results are released. This consultation is vital to check the factual validity of the results and ensure that they are owned by key decision-makers. Once conducted, the IPC level defined along with the analysis should be made publically available through posting onto the IPC webpage.

The TWG should also be a central coordination point for helping to organise fund-raising and response activities.

Decisions about scaling up and down emergency responses should be made based on this analysis. NGOs can help to make these decisions through analytical contributions, but also to call for transparency and accountability – including helping to publicise the analysis, IPC level, and response.

2.3.3 Establishing an information basis for each context

An information basis and baselines for vulnerable geographical areas will underlie a system of emergency triggers. This basis needs to be established in advance and shared among key stakeholders on the TWG, in areas where an urban emergency is likely or developing.

---

[6] Kate Golden, Concern Worldwide, pers. comm.

Where this cannot be established in advance, it should be developed as soon as possible following the onset of an emergency.

The baseline should seek to complete as much as possible the indicators set out below. The key elements of the information basis are in Box 2.3.

Box 2.3   Elements of an information basis for urban trigger systems

- A collection of relevant data sources available covering the set of key indicators. This will start by following the links to the assessment tools in Table 2.2. Large and regularly collected surveys such as Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS), and national Household Budget Surveys are excellent sources of baseline information, usually disaggregated to urban areas. However, they are rarely sufficiently frequent or disaggregated to smaller units to monitor change. The information basis should also include available data gathered by the government and other agencies on an ad hoc basis, with a record of their frequency. There is usually more information available than is first apparent, and contacting organisations working on urban areas to centralise grey data or information is an important first step. In some cases, UN-OCHA or UN-HABITAT may have this information available.

- A collection of relevant assessments. These will include HEAs, EMMAs, food security studies (such as Household Hunger Scales, Dietary Diversity Scores, etc.) and other specific surveys, and a record of their frequency. The Complex Emergency Database is a good source for nutrition surveys. The WFP supports Comprehensive Vulnerability and Food Security Analysis, which have been conducted in some urban areas.

- A collection of relevant maps and mapping tools, including GIS and other maps of vulnerability. These are extremely effective ways to demonstrate to managers where the need is greatest and have been used in Haiti, Manila and Nairobi, amongst other places. If data collection could be made electronically, many devices will allow automatic updating of GPS data from the locations where data are collected.

- The data sources and assessments should provide a baseline of the vulnerability situation in the urban area. This baseline will be critical for the assessment of changing status because most of the suggested thresholds below are based on changes to a baseline situation.

- A list of organisations working on relevant sectors. This will include the government, UN organisations, community based organisations (CBOs), and NGOs. UN-OCHA and UN-HABITAT may have this list already established.

- An identification of the gaps in information and a means to fill them, including a need for further studies.

A comprehensive information basis has been a significant challenge, particularly given the need for disaggregation to small areas and units of population, and high frequency data (given the speed of change in urban areas in particular). This challenge can to some extent be met through new technologies, which can allow data to be collected remotely (through mobile phones help by community members), quickly (with digital data gathering and entry), and cost effectively. Digital data collection is currently at early stages in many places, and requires further investment. However, this investment is likely to pay off in the long-term.

This information basis will require investment to develop. It should be coordinated by the TWG, or where the TWG does not exist or is moribund and hard to start, this can be conducted by NGOs who should work as much as possible within the structures that are available. Reliance on voluntary participation in this process is unlikely to be successful, especially where development actors are already operating. The perennial challenge facing organisations working in urban areas

is that resources for this investment are rarely forthcoming. Resources for this could be available from funders such as UN-OCHA, governments and other bilateral donors with a focus on emergency response, such as ECHO, DFID, DANIDA, Sida and CIDA.

[Back to structure]   [Back to top of section]

2.3.4 Consensus on an analytical framework to identify changes

The primary task for the development of a system of triggers is to achieve consensus on what changes would constitute a deterioration from a situation characterised by chronic poverty and vulnerability to a situation requiring an emergency response. The system should be based on ongoing initiatives such as the IPC and IDSUE, but will need to be contextually specific to each urban area. Consensus should be built through the TWG and through the Urban Food Security Cluster working group.

Without consensus operating through structured decision-making procedures, the rationale for intervention and the timing of scaling down to normal development programming will continue to be based largely on the ability of organisations to persuade donors that emergency intervention is necessary. In rapid onset emergencies, securing funding for scaling up emergency response has been relatively straightforward. However, securing funding for scaling up in slow onset emergencies has been very challenging, and decisions on when to scale down in either type of emergency have been based on donor funding cycles (particularly for food security work) or (in the case of shelter) the completion of a pre-specified number of units, rather than on the vulnerability situation in the area concerned. One of the negative consequences of this situation is that emergency funding has tended to be directed to rural areas where this consensus has been better established.

The technical challenge lies in the collection of disaggregated data and the development of indicators and thresholds. This should come from adaptation of existing assessment frameworks such as the IPC with information from new frameworks such as the IDSUE developed by Concern and a new IPC for chronic contexts. Each urban setting will need to make small adaptations to the indicators and analysis used, but practitioners in countries need to be aware of efforts to develop indicators and thresholds that are taking place elsewhere.

In each country, the indicators and thresholds should meet the basic criteria of good indicators: they should be specific, measurable over time, attributable, relevant, and timely (SMART), as well as responsive to change and reliable. The key elements of this assessment framework are set out in Box 2.4.

Box 2.4   Key elements in assessment framework for urban triggers

- Indicators that reliably track vulnerability over time and for which robust data are available in current information sets. They should be capable of being disaggregated to reflect changes that are specific to vulnerable population groups and areas. Indicators can be both quantitative and qualitative, but some quantitative indicators will be required. The following indicator areas are generic and routinely used in rural and urban areas, but a subset of indicators likely to be particularly useful in urban areas (because they are responsive and can feasibly be collected at low levels of aggregation) are in **bold**:

    - Food consumption (quantity consumed, **household dietary diversity score**, food consumption score, **household hunger scale**, **coping strategies index**, and household economy approach)

    - **Livelihoods** and **coping strategies**, including **incomes, debt**, informal credit access, **assistance** and **displacement**

    - Food (and water) availability, access, utilisation and stability (most usefully captured by the **prices**, **availability and access in market** of food, water, shelter, fuel and other essential goods)

    - Health access and **morbidity**

    - **Inter-personal relationships**

    - **Security/crime rates** and patterns

    - Nutrition status, including Acute (GAM & SAM), chronic malnutrition and obesity rates, and **capacity of existing services** (such as nutritional clinics) to serve population

    - Mortality rates (infant and child)

- For each indicator area, an understanding of what constitutes a non-emergency situation at different times of year. This may require long-term tracking, as Concern is doing in Nairobi. This will include tracking contextual vulnerability and risks, some of which may be specific to urban areas.

- Thresholds for each indicator that denote when an indicator moves from non-emergency to emergency, and stages in between. These should reflect the five stages set out in the IPC:

    1. Minimal/none

    2. Stressed

    3. Crisis

    4. Emergency

    5. Famine

- A link between thresholds and responses. A transition from acute crisis to emergency implies a different set of responses in EFSL, WaSH, nutrition and shelter. These responses need – in general terms – to be identified in advance, and opportunities for integration outlined.

Five points are important in the development of this urban system.

1. A large part of the technical challenge in urban areas lies in the fact that the thresholds for each indicator may need to be adapted to the situation in that area. For example, urban

populations in Gaza achieve some measure of resilience through sharing and lending without the expectation of interest payments or charges, but not through borrowing with fees or interest rates (which is culturally impermissible). If income-earning lending were to become widespread, this would be a significant indicator of vulnerability. In Haiti, by contrast, effectively functioning credit markets is an indicator of resilience; if these markets stopped working this would indicate acute food insecurity(as occurred after the earthquake)

2. The scale and mobility of urban populations means that indicators must be monitored regularly and for comparatively small population groups. Urban areas mix the very wealthy with the very poor. Therefore if the thresholds given in the IPC are to be utilised then more disaggregated data will be necessary. For example smaller districts or slums within cities will need to be clearly delineated from the wealthier suburbs in the same city. For example, very little anthropometric data exists for cities, and where it does exist it may be in the form of DHSS data which combines slum and non-slum areas, resulting in a lower average GAM rate. Even where GAM rates exist for slums they are unlikely to be as high as in rural areas but rates of 5-8% GAM may still result in a very high number of affected children due to the population concentrations in slums. For urban IPC analysis it may be most appropriate to use changes in indicators (such as '> usual and increasing') rather than specific cut offs (such as 10-15%).. Urban populations also have high levels of mobility, which makes measurement (and targeting) more challenging.

3. Urban populations are more susceptible to changes in markets for goods and labour, because they are reliant on these markets for basic survival goods (food, water, fuel and shelter) in a way that rural populations are not (because they can more often grow their own food, and obtain water, fuel and shelter for free). For example, urban populations in Gaza have been affected by an economic blockade following the war with Israel that has resulted in a gradual impoverishment of the population with little hope of redress. In another example, urban populations in Nairobi have been affected by long-term increases and short-term spikes in the prices of food, water, fuel and shelter at the same time as the market for labour has stagnated. This implies greater focus needs to be given to analysing markets in urban contexts.

4. Triggers for scaling down may not be a simple reverse of triggers for scaling up. Transition from humanitarian programmes to recovery and then development programming should take place when the humanitarian indicators return to some state of normality. Clear scaling down and transition strategies are vital and should take account of wider changes. For example, it may take time for indicators of malnutrition to go down, but if malnutrition rates are declining and safety net systems have been developed, this could indicate a need to make a transition to recovery programming.

5. As there is little established humanitarian presence in urban contexts regular monitoring and contingency planning is not yet fully established. For example, violence in Nairobi following the 2007 national elections led to the closure of many markets and the unavailability of many essential goods. Changes to the land management and ownership arrangements (for instance where governments decide to 'regularise' informal settlements, as occurred in Zimbabwe) can have catastrophic consequences in the short term (even where they are intended to contribute to long-term resilience). This implies that urban indicators need to be more sensitive to change than those used in rural areas, but also that a wider range of threats and indicators to be tracked.

The overall implication is that practitioners will need to identify indicators and threat factors that are relevant to their area, and build on the basis of the IPC cutoffs. These will need to be linked to a set of coordinated responses to the changing situation, which could be outlined in a disaster preparedness programme. For example, it could be specified in advance that a cholera epidemic will trigger WaSH interventions, whilst preparedness activities could include household water filters and private sector engagement for sanitation provision in slum areas.

2.3.4.2   Suggested indicator framework

Table 2.3 suggests 20 indicators and thresholds for urban areas, including suggested data sources and notes on challenges. There are hyperlinks to most of the assessment tools. The thresholds given are intended to correspond to IPC phase 4 ('Emergency'), which implies "urgent action to save lives and livelihoods," (IPC 2012: 33). Nutrition and mortality indicators are included as area outcomes, following the IPC. Analysis of the indicators used by Oxfam, Concern and ACF indicate that these indicators and thresholds may be useful in an urban context, but need testing further.

Most indicators require comparison to a baseline. This is because it is very difficult in most cases to identify cases of discontinuity in the indicators, so the definition of emergency will revolve around change from a norm. The **norm for these baselines should be developed over time** to establish normal levels for each indicator. For most indicators, the IPC approach of identifying thresholds that are 'greater than usual and increasing' has been followed, due to difficulties defining absolute rates. Care must be taken in the analysis to ensure that increases indicate a significant change in the real situation and not just seasonal noise (as probably was the case in Concern's initial assessments for IDSUE).

The IPC suggests that phases are reached in a selected area when 20% of households in that area are in that phase or worse, according to the household indicators, and the nutrition and mortality indicators meet the thresholds provided. In urban areas, it is suggested, however, that the nutrition and mortality indicators may need to be provided for very small geographical areas to be useful.

There is a critical question of scale. The IPC can be applied sub-nationally, and it is important in urban areas to ensure that the areas discussed are sufficiently small to be useful – often smaller than might first appear. However, too small a unit (such as a 'village' (such as Grogon A) within an individual slum (such as Korogocho) may not be practical for response purposes. When small areas are found to be in critical condition, this should precipitate a local response but possibly not wider machinery, unless there are large numbers of people at risk.

This should be regarded as a work in progress. Some of the indicators need local definition. More detailed thresholds could be developed. It is assumed that the Concern work based on Nairobi would help to refine these indicators.

For almost every indicator, defining the correct geographical area and population group will be vital. This may need to be quite narrow, focusing on informal settlements. Defining the frequency of reporting will also be critical, and will depend on what is available (as set out in the information basis).

Agreement on when different phases are reached is a political exercise that must occur in the Technical Working Group. Baselines are required to assess easily the difference between normal times and a shock. Data should be gathered using pre-existing tools, making the most of opportunities for digital data gathering such as Last Mile Mobile Solutions (LMMS) or Ushahidi. It is suggested that an IPC-style system is used, where classification is "based on convergence of evidence" from the different indicators rather than a mechanical set of thresholds. The overall phase classification is for multi-sector responses only. If there is a serious deterioration of the situation within a single sector (such as a disease epidemic), this is of course grounds for a sector-focused response.

In the short-term, Oxfam, Concern and ACF could start to develop and apply this framework and develop baselines in urban areas that they suspect are vulnerable to disasters.

Table 2.3   Suggested urban emergency indicators and thresholds

Indicator area	Specific indicator	Threshold	Measurement	Challenges	Comments
Food security and socio-economic status	Household Hunger Score (HHS)	Severe (4-6)	Household hunger scale	Need to define the geographical area narrowly to focus on slums (and poorest areas within them if possible). May need to focus on particular population groups. High frequency reporting may be a challenge and need to consider frequency of surveys.	HHS shorter than HFIAS but seems to vary more. HHS is median of HHS of all households in sample.
	Household Dietary Diversity Score (HDDS)	>4 out of 12 food groups.	Household dietary diversity scale		HDDS gives average of score of all households. May need to look at individuals as households usually contain one member who eats out, skewing the data.
	A local indicator of food insecurity, such as consumption of street food or food availability	Accelerated depletion / erosion strategies and assets leading to high food consumption gaps	HEA, EMMA		HEA should reveal survival deficit > 20%. EMMA will identify market opportunities
	Prevalence of negative coping strategies	> usual, increasing crisis and distress strategies	HEA, surveys, key informants, focus group discussions (FGD), Coping Strategy Index (CSI)	Negative coping strategies are defined locally (e.g. reducing consumption quantity or quality, prostitution, crime, dumpsite scavenging, selling productive assets, unseasonal migration	
	Debt *as previous table	> usual, increasing TBD locally	HEA, surveys, key informants	Indicator specific to local areas (sometimes implies resilience, sometimes emergency). Changes in remittances, savings, loans, credit, rent arrears and debt should be captured.	Particularly important to understand the local context; for instance in Gaza debt may indicate likely loss of social network, and therefore a critical situation.
Displacement	Movement forced by disaster or destitution	Concentrated, increasing	Surveys, key informants, slum analysis, camp registrars, UNHCR	Qualitative indicator meant to capture populations forced to move; threshold is where they are appearing in large numbers and changing the health and	Includes newly displaced or long term refugees or IDP's

Indicator area	Specific indicator	Threshold	Measurement	Challenges	Comments
			data	protection characteristics of the destination, or forced displacement (e.g. earthquake, or slow onset droughts that lead to displacement)	
Hazards & vulnerability	Increasing incidence disease outbreaks	> usual, increasing			
Availability of assistance	Functioning of regular social protection systems	Poorly functioning; low coverage	Key informants, Gov statistics	Qualitative indicator intended to capture changes in government provision for vulnerability	This can be a very important indicator where there are no other sources of assistance (as in Gaza).
	Functioning of informal sharing mechanisms	Strained to non-functional	HEA, surveys, key informants	Reference to a baseline figure	
Essential goods availability and prices	Price of main staple food	>20% seasonal reference, increasing	CPI from local statistics office; local price monitoring, EMMA, HEA	Need to account for wage inflation, subject to rapid change	Also useful to assess drivers of prices such as agricultural production, exchange rate, import markets
	Price of fuel	>20% seasonal reference, increasing	CPI from local statistics office; local price monitoring, EMMA, HEA	Need to account for wage inflation, subject to rapid change	Also useful to assess drivers of prices such as agricultural production, exchange rate, import markets
	Rent cost or loss/ change of tenure	>20% seasonal reference, increasing, or forced eviction	CPI from local statistics office; local price monitoring, EMMA	Need to account for wage inflation, subject to rapid change- difficult to define standard unit, depends on size of house, number of rooms, neighbourhood, building materials, etc. Loss of housing should indicate if it is owner occupied, tenant owned, or if the tenant is squatting, living in makeshift housing or protection related issues.	Also useful to assess drivers of prices such as legislative changes, regularisation
	Access to water	4-7.5 l /p/d, or	HEA, focus		SPHERE specifies <15 lpppd

Indicator area	Specific indicator	Threshold	Measurement	Challenges	Comments
	(litres per person per day)	decreasing against a baseline	groups, surveys		and this may be an appropriate cutoff in urban areas where more water is needed for personal hygiene.
	Price of water / quality of water	>20% seasonal reference, increasing	CPI; local price monitoring, EMMA	Need to account for wage inflation, subject to rapid change	
Health	Prevalence of illness in last two weeks	>usual for season, increasing	DHS; surveillance systems such as NUHDSS in Nairobi; clinic reporting	Needs to be specific to different diseases to reflect public health risks	WHO also use case fatality rates (of 1%). Can also have different thresholds for cases/week of specified diseases.
Security	Conflict	Widespread, high intensity	Key informants	Highly changeable	Meant to cover violence such as post-election violence in Nairobi
	Prevalence of insecurity (mugging, stabbing, rape, robbery)	>usual, increasing	Surveys; key informants; crime records		
Area outcome: Nutrition	Global acute malnutrition	>usual, increasing, exceeds the seasonal norm	Anthropometric or MUAC measurements from household surveys such as DHS or MICS; clinic measurements, admissions, anthropometric surveys	Late indicator of crisis Frequency of reporting is a challenge, and need to focus on specific area and groups.	IPC includes also >15% GAM but this is very difficult to measure accurately in urban areas because it requires high levels of data disaggregation e.g. by slums
	Capacity of nutrition clinics	Unable to cope with demand / sharp increase in admissions	Clinic reporting	Does spare capacity indicate poor outreach or healthy population? Need to verify whether increases in demand are due to emergency or more health seeking behaviour.	The most vulnerable households do not always utilise clinics which they may associate with stigma or because of the transaction costs associated with choosing

Indicator area	Specific indicator	Threshold	Measurement	Challenges	Comments
					between attending clinic versus income generation
Area outcome: Mortality	Crude mortality rate (deaths/10,000 people/day)	1-2, increasing, >2x reference rate	DHS; surveillance systems such as NUHDSS in Nairobi, local surveys	In many countries, these rates can be above 2 in 'normal' situations. Very difficult to measure frequently in an emergency	May need to use the 'increasing' threshold
	Under five mortality rate (deaths/10,000 U5s/day)	2-4, increasing	DHS; surveillance systems such as NUHDSS in Nairobi	In many countries, these rates can be above 2 in 'normal' situations. Very difficult to measure frequently in an emergency	May need to use the 'increasing' threshold

2.3.4.3   Interpretation of trigger analysis

It is critical that a coordination body is set up to decide when indicators moving across the thresholds constitutes an emergency.   As in the IPC, classification should be based on a 'convergence of evidence'.   This means that there is no single quantitative indicator or set of indicators that denotes 'emergency', and it is not recommended to try to develop a specific set of weighted or prioritised indicators a priori.   Rather, changes in the suggested indicators (both quantitative and qualitative) will need to be assessed and consensus developed around the requirements for emergency response. If specific indicators rapidly deteriorate (as in an epidemic) this is also of course grounds for a more focused intervention, even if not sufficient to be declared an emergency or famine requiring a significant scale-up.

This would need to be assessed in regular meetings (that could be virtual) of the TWG, connected to decision-makers.   Often, these bodies will already exist in some capacity and may meet regularly, and would need to meet more frequently in case of the development of threat factors such as heavy rain, tremors, insecurity, poor harvests or macroeconomic difficulty.

This body could be presented with information in the format specified above with additional detail as recommended by the IPC manual v2.0. It would then make a decision about whether or not the situation constitutes a humanitarian emergency requiring a scaled up emergency response. This would then trigger funding applications to donors who would agree with the basis of the decision, and these applications would now have an external validation that should carry more weight with the donors.

To achieve this, there are two main coordination problems to be addressed.

First, organisations need a shared understanding of when and how they should be responding and seeking humanitarian funding. In Nairobi, for example, Oxfam, Concern, and Care submitted a joint analysis and joint request for funding for humanitarian intervention following price spikes. This coordinated effort added substantially to efforts to obtain funding. Ideally, this coordination would take place through the TWG, when the IPC is established in that context, or through urban coordination groups.

This coordination can be extremely complicated in urban areas because of the multiplicity of government actors, the often weak mechanisms of accountability that bind them, and weak capacity. In Haiti, efforts to set up a decentralised disaster risk reduction committee to prepare for further disasters were hampered by this complexity and lack of capacity. Nevertheless, NGOs cannot lead these processes alone and need to play a facilitation and advocacy role to encourage governments to coordinate and commit some funding to this.

Second, the donors need to accept the rationale for the request for funding. In the case of Nairobi above, the attempts to obtain funding were severely hampered by the lack of consensus on whether the situation in Nairobi was indeed a slow onset emergency or just a bad chronic situation. (although subsequent analysis from OGB would suggest it reached an IPC level 3) This meant that the organisations sought funding from several sources and only obtained it after the worst of the emergency had passed (with severe negative consequences for the well-being of affected populations). The principal cause of this was the subjective nature of the funding requests. These were cogently argued and well justified but not linked to an agreed set of thresholds or indicators, and were based only on detailing a series of negative changes to prices, food security and coping strategies, admission rates for acute malnutrition and (though this was emphasised in 2011) unusually high influx rates of IDPs. In Haiti, a similar problem affected exit from the programmes; emergency interventions in almost every case ceased when funding ran out, not when an objective assessment of the situation indicated a return to chronic vulnerability.   The establishment of a

group that makes a declaration of an urban emergency should help with this, although until major donors have clear funding strategies urban funding will remain a challenge.

Addressing these coordination problems in urban areas is complex because urban development is highly politicised. First, there is often an established – but mistaken – belief that urban areas are resilient, either because there are wealthy groups nearby or because people have chosen to move to urban areas and therefore have access to jobs and income. These beliefs are not valid, and practitioners will need to use objective data to overcome them. For example, data comparing the livelihood, protection and survival threshold in urban Zimbabwe based on HEA were useful to persuade donors to avoid a sole focus on rural programmes. Second, the politicisation of aid also presents opportunities for urban emergency programmers. For instance, some contexts (such as Afghanistan or Iraq) are likely to continue to receive emergency funding when objective indicators would dictate otherwise. Again, the use of objective data would help this aid to be allocated on the basis of need. Finally, governments are sometimes reluctant to provide resources to urban areas because they do not want to encourage people to move there.

2.3.4.4   Communication of trigger analysis

Communication of the analysis is critical, and the IPC manual 2.0 provides detailed templates for this. The presentation of the analysis could be facilitated by a colour coding system, where indicators are green below the threshold and red above it, as in this example from the IPC manual.

Figure 2.1   IPC communication template example

Name of Relevant Administrative Unit Level	Name of Relevant Administrative Unit Level	Total # of people (pp)	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3 or Higher	
			# of pp	% of pp	# of pp	% of pp	# of pp	% of pp	# of pp	% of pp	# of pp	% of pp	# of pp	% of pp
E.g. Province 1	E.g District A	37,000	20,000	20%	10,000	20%	5,000	17%	2,000	10%	–	0%	7,000	13%
	E.g District B	21,000	10,000	10%	7,000	14%	3,000	10%	1,000	5%	–	0%	4,000	7%
	E.g District C	46,500	30,000	30%	3,000	6%	7,000	23%	5,000	25%	1,500	30%	13,500	25%
	E.g District D	61,000	25,000	25%	15,000	30%	10,000	33%	8,000	40%	3,000	60%	21,000	38%
	E.g District E	39,000	15,000	15%	15,000	30%	5,000	17%	4,000	20%	500	10%	9,500	17%
	Total	205,000	100,000	49%	50,000	24%	30,000	15%	20,000	10%	5,000	2%	55,000	27%
E.g. Province 2	E.g District A	107,000	20,000	40%	30,000	43%	40,000	40%	15,000	50%	2,000	17%	57,000	43%
	E.g District B	83,000	18,000	36%	25,000	36%	30,000	30%	10,000	33%	–	0%	40,000	30%
	E.g District C	62,000	12,000	24%	15,000	21%	30,000	30%	5,000	17%	–	0%	35,000	27%
	Total	262,000	50,000	19%	70,000	27%	100,000	38%	30,000	11%	12,000	5%	132,000	50%
E.g. Province 3	E.g District A	32,000	15,000	50%	10,000	33%	5,000	25%	2,000	40%	–	0%	7,000	28%
	E.g District B	25,000	5,000	17%	10,000	33%	8,000	40%	2,000	40%	–	0%	10,000	40%
	E.g District C	28,000	10,000	33%	10,000	33%	7,000	35%	1,000	20%	–	0%	8,000	32%
	Total	85,000	30,000	35%	30,000	35%	20,000	24%	5,000	6%	–	0%	25,000	29%
E.g. Province 4	E.g District A	74,500	50,000	19%	15,000	6%	8,000	3%	1,500	1%	–	0%	9,500	4%
	E.g District B	44,000	30,000	15%	5,000	10%	6,000	20%	2,000	20%	1,000	20%	9,000	20%
	E.g District C	45,500	30,000	15%	6,000	16%	5,000	17%	1,500	15%	1,000	20%	7,500	17%
	E.g District D	131,000	90,000	45%	22,000	44%	11,000	37%	5,000	50%	3,000	60%	19,000	42%
	Total	295,000	200,000	68%	50,000	17%	30,000	10%	10,000	3%	5,000	2%	45,000	15%
E.g. Province 5	E.g District A	160,000	100,000	67%	30,000	60%	20,000	67%	10,000	100%	–	0%	30,000	75%
	E.g District B	62,000	50,000	33%	2,000	4%	10,000	33%	–	0%	–	0%	10,000	25%
	Total	240,000	150,000	63%	50,000	21%	30,000	13%	10,000	4%	–	0%	40,000	17%
Total		492,000	200,000	41%	120,000	24%	130,000	26%	40,000	8%	2,000	0%	172,00,	35%

[Back to structure]   [Back to top of section]

2.3.5 Establishing timeframes for funding applications and response

Technical and political consensus on an analytical framework will need to be supplemented by clear timeframes for obtaining funding and starting a response following a declaration of emergency. Scaling up to and down from humanitarian response must also be undertaken using an approach – what Oxfam call a One Programme approach – in which development, emergency, and advocacy work are closely intertwined, so that transitions between development, emergency and development operations mutually supportive and promote resilience.

In most cases, organisations such as Oxfam, Concern and ACF will be able to draw very quickly on their own emergency funding reserves to initiate activities pending funding from other sources. This was the case for many organisations in Haiti and Cote d'Ivoire. However, to achieve response over any scale, these resources will need quickly to be supplemented by resources from larger donors, either directly or into pooled emergency funds to be shared between several organisations.

Writing applications and obtaining funding requires time, which means that applications should be started as quickly as possible following an agreement of emergency or the development of threat factors indicating that an emergency is likely. Key donors should also be identified, and analysis, preparedness and funding positions established, as well as their funding formats completed as preparation. This will require collaboration between sector teams (e.g. food security and livelihoods) and across organisations.

Many donor funding cycles end after 3, 6 or 12 months, so organisations need to be prepared early to re-apply to ensure that there is no break in activities caused by donor funding cycles. These re-applications should be based on a continued monitoring of the vulnerability situation.

Funding applications should include finance for capacity building in areas such as cash transfer logistics and finance to ensure standard operating procedures on cash transfers are available to be applied during an emergency.

[Back to structure]   [Back to top of section]

2.3.6 Establishing appropriate response priorities

Responses to urban emergencies will be specific to the emergency, but coordinating those responses across food security, livelihoods, WaSH, nutrition and shelter activities is vital. The precise responses would come from assessments using the sector specific tools set out above. Emergency responses should be consistent with development priorities.

The IPC provides a strategic response framework to guide responses to different phases. These responses are expressed in very general terms given the range of specific activities likely to be required in different emergencies.

Urban areas provide certain opportunities for responses because of the comparatively well developed markets and networks. This means that food security and livelihood responses can often be based around cash and market interventions. These responses (and monitoring) can make use of technologies such as mobile phones, bank cards, and so on.

Urban areas can also provide greater challenges, particularly in the WaSH and shelter sectors where the high population density and paucity of infrastructure present additional technical challenges. The political challenges can also be substantial as any activities linked to the provision of infrastructure will have significant consequences for the long-term development programme of

the urban area. For instance, the provision of shelter or sanitation infrastructure can mean that settlements are made permanent, and this may conflict with the government's development or up-grading plan, and subsequent increases in rent may force the most vulnerable households to move out of the area. At the same time, emergency programming can provide opportunities to catalyse development programming.

The links between emergency response and long-term development programme are important and should be made early on. In practice, this means that emergency responses should have an explicit link to development priorities in their design. This will also ease the transition from emergency to development programming. Some organisations in some sectors are trying to link their support to the existing capacity of service providers to respond. For instance, Concern are working on a surge capacity model for nutrition in Kenya where they respond when existing capacity in government clinics is exhausted. This model could be piloted and expanded across other sectors.

[Back to structure]   [Back to top of section]

3   Targeting

Following this introduction, this section is in two parts. The first maps out existing targeting systems and assesses the gaps in each.
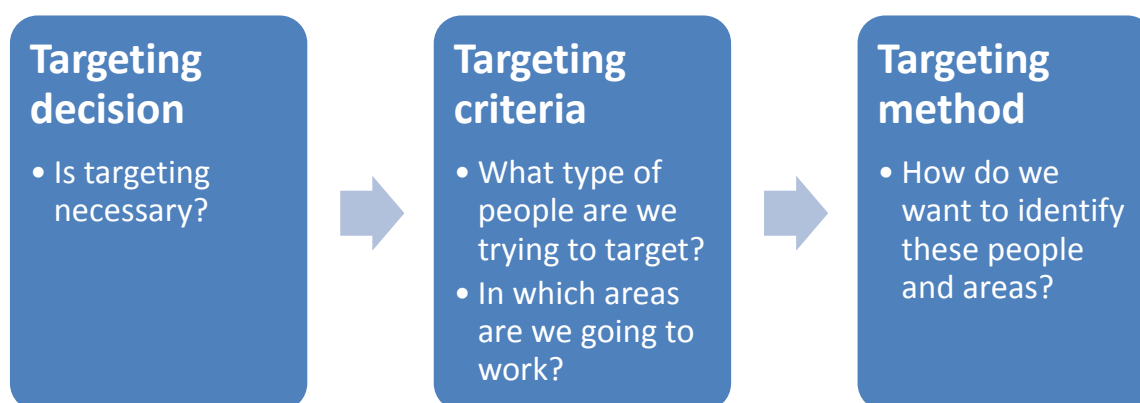
The second provides practical guidance for programme managers on how to decide how to arrange targeting for emergency interventions in urban areas.

[Back to structure]

3.1   Introduction to targeting

Targeting is a way to focus scare resources on the populations that need support most. Targeting is not appropriate in every situation, such as the immediate aftermath of a rapid onset emergency. However, targeting will be appropriate where the scale of need exceeds resources available, which is likely to be the case at some point in most emergencies. Targeting can be of different geographical areas, population groups, households or individuals. Most often, practitioners will use a mix.

Targeting an emergency programme involves making three major decisions:

Targeting decision

• Is targeting necessary?

Targeting criteria

• What type of people are we trying to target?
• In which areas are we going to work?

Targeting method

• How do we want to identify these people and areas?

There is now a wide range of experience with targeting in urban emergencies, but experience in this area is not as well developed as for rural areas. This is problematic for practitioners because targeting in urban areas has some particular challenges. These have been quite extensively discussed in other reviews, such as MacAuslan with Phelps 2012 which reviews Oxfam's urban EFSL experience in Port-au-Prince, Gaza and Nairobi.

A review of documentation and interviews with staff at Oxfam, ACF and Concern has revealed that there are no specific guidelines for targeting in urban emergency programs or urban development programs in general. This section therefore provides some examples and advice. It presents some

general lists of indicators and targeting methods before discussing some specific examples, including:

- Concern's census approach to targeting in 2011 following inflation in Nairobi
- Oxfam's community leader targeting following inflation in Nairobi
- Oxfam's multi-approach targeting in Gaza
- Action Contre la Faim's scorecard approach in Port-au-Prince
- ACF's census approach in Abidjan following the post-election violence

[Back to structure]   [Back to top of section]

3.2   Existing targeting systems

In almost all emergency responses, including in urban areas, targeting is necessary at some stage and in some way. Most experience is with food security, livelihoods and nutrition programmes as emergency shelter and WaSH activities are more likely to blanket target wider communities. Criteria may be broad: 'the poorest and most vulnerable affected by the disaster'. There is no established best practice methodology. NGOs have commonly applied community-based targeting in urban area, but this is particularly challenging as urban communities typically lack the coherence, power, confidence and knowledge of their neighbours to do this. A number of NGOs have experimented more recently with combinations of scorecards and community key informants instead of CBT. However, Governments often prefer categorical targeting (e.g. 'orphans' or 'older persons) because this is simpler to justify to their constituencies. Good targeting takes time and advance planning.

Some types of interventions (such as shelter or water interventions) are not typically targeted on individuals (but may be targeted on areas) because targeting would reduce the effectiveness of the intervention as disease control requires universal coverage within a geographical area. These interventions are often at a systemic level – such as putting chlorine in water in camps, and providing water supply to an entire camp or area. In the immediate aftermath of a rapid onset disaster, nutrition and food security interventions are typically offered to all individuals within a geographical area through soup kitchens or canteens because everyone has been affected by the disaster and targeting is not necessary in the first phase.

At around six weeks into the response most organisations take a decision to target interventions on specific groups of people, as resources rarely permit every individual in need of support to be assisted for an unlimited amount of time. For instance, food security interventions are often focused on individuals with high levels of household food insecurity (e.g. low levels of food consumption) or poor nutritional status, who are also in specific categories such as being young, old, or in households with high dependency ratios or headed by women. Sanitation interventions are also often targeted because of the cost and can share targeting approaches with food security interventions.

There is no single approach to targeting criteria taken by humanitarian organisations in urban areas and no best practice on whether to select the most affected, poorest, most vulnerable, or households in certain categories. This is highly emergency – and context – specific. Most organisations normally mix these criteria, ending up with target groups such as 'the poorest and most vulnerable households affected by disaster'. This is a conflation of different (though overlapping) groups. For instance, those most affected by rapid onset disaster may be comparatively wealthy (because they had most to lose), while poor households had little to lose.

This was the case in Haiti, for instance. In other cases, those most affected may also be the poorest, as in floods in urban Nairobi that affect those closest to the river, who are also the poorest. In slow onset disasters such as the political / economic crisis in Gaza, the poorest may be the most affected because they lack the resources to diversify into productive employment and the support networks to sustain them.

Some organisations provide different responses to different groups, to good effect. For instance, following the post-election violence in urban Kenya in 2008, Concern provided cash transfers to households with poor food security status (a measure of poverty), but provided additional livelihood grants to (poor) households who had lost their livelihoods (a measure of affectedness). This allowed households with existing skills and networks to replace the physical capital they had lost in the violence, and supported the development of markets which benefitted other low income households. A similar approach is also used in BRAC's programmes to target the ultra-poor, where households are supported with transfers of food and cash and then progressively graduated onto programmes supporting livelihoods through microfinance and business grants.[7]

There is a long list of indicators that are commonly used in urban emergency targeting approaches, and many different ways in which these criteria and indicators can be combined and used to select individuals and areas. The most common targeting methods and indicators are summarised in Table 3.1, with advantages, disadvantages and common indicators used.. We then look at more detailed examples of different targeting methods in urban areas from the experience of Oxfam, Concern and ACF.

---

[7] See http://graduation.cgap.org/library-category/brac-targeting-the-ultra-poor-program/ for a discussion of some of these programmes.

Table 3.1   Targeting methods and indicators

Targeting Method	Definition	Advantages	Disadvantages	Common indicators
Administrative Targeting	Beneficiaries are selected from a population list; the criteria used for selection differ by program. CBT is a type of administrative targeting, in which the list of population members is based on community leaders' knowledge of their fellow villagers. This often uses categorical approaches to targeting (see indicator column).	• Simple to use when lists are available • Community engagement (if CBT is used)	• Risk of exclusion if lists are incomplete or out of date (affects especially marginal groups or new arrivals) • Prone to exclusion if community leaders favour a group versus another	• Family size • Orphans • Age • Disability • Poverty • Food consumption • Nutrition • Type of shelter • Education/health status (e.g. HIV+) • Livelihood
Community-based targeting (CBT)	Community leaders and members identify beneficiary households based on vulnerability criteria identified in FGD and is then triangulated and verified by the implementing agency	• Community engagement • Not restricted to small number of proxy targeting criteria	• Risk of exclusion of marginal social or political groups or new arrivals	• As above or defined by community
Geographic Targeting	Beneficiaries are selected on the basis of their geographic location (e.g., selecting the poorest and most food-insecure districts, and providing assistance to all households in that district).	• Easy and quick	• Low targeting accuracy if vulnerable households are widely dispersed	• Population size • Poverty • Number of people in specific categories (e.g. orphans)
Institutional Targeting	Beneficiaries are selected based on affiliation with a selected institution (e.g., enrolled at a selected school, lives in selected orphanage, or receives ante-natal case services at a selected clinic).	• Relatively easy – only institutions are selected and beneficiaries are those that attend the institution.	• Excludes people that would be eligible but who do who are not registered to receive services at targeted institutions eg IDP's, those without birth certificates etc	• Schools • Clinic attendees • Orphanage list

Targeting Method	Definition	Advantages	Disadvantages	Common indicators
Means Testing	Beneficiaries are selected on the basis of their income, expenditures, wealth or assets.	• High potential targeting accuracy	• Time/resource intensive, • requires census of all potential beneficiaries	• Expenditure • Income • Wealth
Proxy Targeting	Beneficiaries are selected on the basis of an observable characteristic or set of characteristics. Examples of single-proxy categorical targeting include: targeting by anthropometric status, by age and by physiological status (e.g., pregnancy/ lactation).	• Easy to use if selection traits are obvious • Multi-proxy targeting increases targeting accuracy but may be costlier than single proxy	• Risk of exclusion and inclusion error with single proxy targeting • Proxies may be difficult to observe directly and objectively	• Child anthropometry • Gender of household head, • Social group affiliation such as internally displaced people, • Unemployed adolescents
Self-Targeting	Beneficiaries 'self-select' by deciding to participate. Incentives to participate e.g. cash for work pay is set at a level just below or equal to daily labour rates, which acts as a self-selection mechanism. Aspects of program design encourage the intended target group to participate and others not to participate.	• Avoids time and resource expenses of other targeting approaches	• Risk of significant leakage unless program is designed to maximise targeting accuracy	• Age/gender • Those willing to work

3.2.2 Concern's Urban Livelihoods and Social Protection Programme in Nairobi

Concern implemented a cash transfer of Ksh 1,500-2000 on a monthly basis to vulnerable urban households in response to slow onset disaster (steadily rising food prices and occasional price spikes) using a mobile phone bank transfer system common in Kenya and known as M-PESA. The objective of the cash transfer programme was to reduce the incidence of extreme poverty for vulnerable households, specifically by 'providing relief for vulnerable households from economic shocks.' The programme was therefore not a response to an immediate emergency but to the slow onset of economic problems, and following post-election violence in 2008. It was also intended to be a model for a government programme, which meant that Concern were able to invest more in the programme than they might have otherwise.

The initial targeting mechanism was CBT but successive evaluations revealed high levels of inclusion errors due to considerable discretion in household selection; and possible exclusion errors resulting from difficult on-the-spot comparisons. Subsequently, this mechanism was replaced by census based targeting using a scorecard approach. A Mid Term Review of this program suggested that targeting had been relatively more effective once the census/scorecard approach was introduced (MacAuslan & Crawfurd, 2012), as Box 3.1 indicates.

Box 3.1 Revising targeting methods in Korogocho

The initial targeting mechanism in Korogocho was designed along similar lines to those of Concern's previous urban cash transfer programmes. This involved the identification of targeting criteria with local community stakeholders and the sub-contracting to a local community based organisation, Redeemed Gospel Church (RGC) or responsibility for identifying households using these criteria. RGC would then further sub-contract to community health workers (CHWs) and village elders, who would accompany RGC social workers to households that they believed might meet the criteria. These households would then be asked a series of questions and the interviewer (one or more of the CHW, village elder or social worker) would decide on the spot whether to include this household. A random selection of households would be checked to verify the information they provided.

In practice, this targeting mechanism required the CHWs, village elders and social workers to exercise a considerable amount of discretion in the selection of households. This meant that these individuals tended to select individuals known to them. Moreover, the on the spot decision-making in the context of high levels of poverty and a fixed number of transfers meant that there was no way to compare households visited by different individuals. As such, a comparatively wealthy household in village A might be excluded because everyone else in village A was very poor, even though this household was worse off than those selected from village B.

Concern's initial targeting process was accompanied by a more effective complaints mechanism than previously implemented. This led to numerous complaints, summarised in Concern's quarterly report which reported:

The very consistent feedback from communities on the use of the [community based mechanism] despite Concern involving other stakeholders in the process was the lack of trust in the process due to the involvement of the community leaders who are perceived as being corrupt.

Numerous complaints received regarding people going around the villages asking households to pay a small fee in order for the homes to be visited during the registration exercise for the cash transfers.

As a result of these complaints and on the basis of recommendations from previous evaluations, Concern then implemented a census-based targeting mechanism using a scorecard.

Source: Crawfurd and MacAuslan 2012

Table 3.2 describes the indicators used by Concern in the scorecard.

Table 3.2   Concern's census scorecard targeting indicators in urban Nairobi

INDICATOR	CRITERIA
Food	**-How many meals per day?** One or less meals per day **-Source of food.** Collected from dumpsite Cooked in the home or bought Provided by well wishers **-Type of food.** N.B. The common foods taken in poor households are: Strong tea (tea without milk) White Porridge (porridge made from maize flour) *Anyona* (a type of factory reject bread sold for Ksh5) **-How the food is prepared** Fuel used to prepare the food (mostly would be firewood or sticks collected from around the area) Prepared without cooking fat
Means	The presence of some amenities and /or house hold appliances e.g. TVs, Radios may act as a disqualifier for the household to get assistance, as their possessions would mean the family is in a better position, financially, to provide meals.
Support from other organisations	**-What kind of support?** **N.B.** Organisations that provide food baskets always give rations with consideration to time duration and family size; hence food support from another organisation is a disqualification factor.
Family/ house hold size	**-Number of people in the house** (3-5 people is the average household size in Korogocho) **-Composition of people in the house** Ages (how many household members are between ages 0-17; the higher the dependency ratio the more vulnerable the household) Health status (malnutrition cases; HIV positive and bedridden; terminally ill)
Household head/ Breadwinner	**-Source of income** Type of/ source of income Any negative copping strategies? **(N.B.** The least amount of income is usually 500 Kenyan shillings. Some work for food.) **Characteristic of the head of the household** **-Elderly** **-Child headed** **-Sickly** **- Widow /widower**
Type of shelter	-**What type of materials are the houses made of? (**roofing materials, floor and walls; may have a leaking roof or a falling wall) **-How many rooms? (vulnerable households mostly live in 1 roomed houses)** **-Distance from the road** **N.B.** The cheapest houses in Korogocho range between 250-300 Kenyan Shillings. The closer to the river the cheaper the house [because of the risk of flooding / poor sanitation]
Access to health services	Poorer households are less likely to have access to health services
Orphans	Households taking care of more than 3 OVC's, not registered on the OVC programme

	and meet criteria 1-6 above
People with disabilities	Households with persons with disabilities and meet criteria 1-6 above
Pregnant and lactating mothers	Households that meet criteria 1-6 above and have a pregnant/lactating woman **-Age of the mother** **-Any type of family support?**

Source: Concern proposal for targeting index

These indicators were combined according to formula derived from multiple correspondence analysis of existing surveillance and nutrition data.[8] This involved transforming the continuous indicators specified in Table 3.2 into categorical or binary (y/n) indicators set out in Table 3.3 below.

The categories and cutoffs given in Table 3.3 are specific to Nairobi but relevant for urban contexts elsewhere. These categories could form the basis of targeting assessments using scorecards in other contexts, though these would need adaptation to local conditions. In Nairobi, some of these indicators were dropped. For instance, the nutritional status of child was dropped (given in italics below) because many wealthy households had malnourished children because of poor care environments – rather than poor household food access and consumption. This point is worth bearing in mind for other assessments.

Table 3.3   Concern's categories for targeting in Nairobi

Criteria	Proposed categories
Nutritional status of child	*HH has malnourished child (Y/N) (MUAC <12.5 and/or oedema)*
Dietary Diversity	Less than 4 food groups, >= 4 food groups
Meal frequency	One or fewer meals, more than 1 meal per day
Cooking fuel	HH used scavenged cooking fuel (either scavenged firewood or plastics/refuse) (Y/N)
Breadwinner income	Monthly income of breadwinner <4800 (200 per day assuming 6 day work week)
House rent	House rent <500 KSH per month (Y/N)
Dependency ratio (HHsize/# of income earners)	Greater than or equal to 4 people/income earner (Y/N)
Wall material	Main wall material is mud (Y/N)
People per room (HHsize/ # of sleeping rooms)	Greater than 3 people/room (Y/N)

Source: Concern proposal for targeting index

Remaining indicators relate to both chronic and acute vulnerability, and are divided as such in Table 3.4. Weights were applied to these indicators to produce two indices, combined in a composite index that equalled the chronic index + 2* the acute index. Each household was given a score from 0-100 on this composite index, with 0 meaning the household met all the targeting criteria. An arbitrary cut-off of 59 was specified. In addition to this, quotas were developed for

---

[8] See Concern (2011) 'Proposal for a targeting index'.

each area based on the time and budget available and a debate with community leaders about how the overall number of transfers should be distributed between areas. As new data became available new households were added, all the time on consultation with community leaders as to where. When in the last round the number of household selected by the cut-off exceeded the budget available, the lowest scoring households were selected. This adaptive and flexible approach was essential for targeting in the complex urban environment, and in a funding environment that can change rapidly.

Table 3.4   Concern's chronic and acute categories

Chronic Vulnerability Index variables	Acute crisis index variables
Assets (Vehicle, motorcycle, dvd, gas stove, sofa,)	Acutely Malnourished child
House rent	Dietary diversity
Wall material	Meal frequency
Gender of HH head	Took Tea without milk
Dependency ratio	Took Anyona (discarded factory bread)
Livelihood strategy	Took white porridge
Disability	Used scavenged cooking fuel
People per room (overcrowding)	Income of breadwinner
	Coping strategies:
	Household member left
	Child removed from school (for household with school aged children)
	Ate smaller meals
	Ate fewer meals
	Went whole day and night without food
	Borrowed food or money
	Stole food or money
	Begged for food or money
	Traded sex for food or money
	Had multiple sexual partners in last month

Source: Concern proposal for targeting index

The mid-term review of Concern's programme (Crawfurd and MacAuslan 2012) concluded that the census targeting approach was a significant improvement on the previous version based around community leaders, both in terms of the reliability of the outcomes (though this was only assessed qualitatively) and the acceptance by the community. The areas targeted in Nairobi were prone to political instability and were ethnically divided. Previous approaches to targeting through community leaders had raised some tensions, and these were reduced (though not eliminated) by the census approach. The approach worked best where targeting teams operated in groups of mixed ethnicity, were well supervised and validated, and used pens rather than pencils to fill out the forms.

The census based targeting took around three months to complete, with 45 enumerators enumerating 11,223 households in two months (out of a total population of around 14,000), and data entry taking a further month. This was quite time consuming because the form was relatively long (compared for instance with that of [ACF in Abidjan](#) which used a very few indicators of food security, such as meals per day). Out of these 11,223 households enumerated, 3,025 received transfers (around 25% of the population). The census also produced a very useful database for further work.

The census approach is a useful mechanism to replicate, particularly (given the time required) as part of preparedness work in urban areas that are expected to be affected by disaster. However, it is important to collect only the minimum of information needed. Furthermore, collection using digital data gathering will speed the process up (as there is less data entry time), will provide simple GPS data, and will return cost savings in the long run as machines can be used regularly.

3.2.3 Oxfam Nairobi Urban Social Protection Program (NUSPP)

Between November 2009 and December 2011, Oxfam implemented a programme of cash transfers of Ksh 1,500/month (rate established in consultation with the Government so that it did not exceed the government's capacity to scale up and replicate this programme), cash for work, skills training and business grants, and carried out advocacy to the government for scale-up to cover the wider range of need than they were able to address. As with the Concern programme above, this followed a global rise in food and fuel prices in 2009 that resulted in sharp rises in local prices in Nairobi at a time when there were limited wage increases, and households were still suffering the after-effects of the post-election violence in 2008. The NUSPP response was to supplement incomes of vulnerable households first through direct regular cash transfers and then through livelihood support (cash for work, training, and business grants) for a much smaller group of households, and to work with partners to improve the government's social protection system. the NUSPP objective was to improve the livelihood security of the most vulnerable urban Nairobi informal settlement dwellers in response to the cumulative shocks and stress, and specifically to improve food access.

The NUSPP aimed to target the most vulnerable households in urban informal Nairobi. This meant supporting households that had been affected by previous shocks and were likely to be affected by further shocks. This was sensible given the continued shocks in urban Nairobi – prices continuing to spike with no increase in wages.

While working closely with the government, Oxfam did not replicate the targeting approaches used by the government's cash transfer programmes (proxy means test targeting of households with orphans, older people and people with disabilities). This might have been useful for providing evidence for a nationwide scale-up of those programmes in urban areas. Oxfam used their own targeting approach because they felt that more locally defined indicators were more appropriate.

Geographical targeting did not following strict poverty criteria but did focus on the slums in Nairobi. This was due to a need to ensure political support for the programme, to work through established partners, and because data were not available for strict poverty targeting. Within selected slums, interviews with local stakeholders helped to prioritise particularly poor areas such as those near the river.

Household targeting for the cash transfer was designed to maximise the use of local knowledge while retaining some external objectivity. Following consultations with community leaders, Oxfam aimed to target 1) people in chronically food insecure situations due to unemployment, 2) social support recipients, living positively, single-headed and with many children, and 3) people affected by short-term emergencies or accidents. The indicators selected to target households were being

food poor, not eating one meal a day, not receiving any other cash assistance, and falling into a vulnerability category (such as being a female-headed household). Committees of community leaders provided initial lists of households who were then visited by Oxfam's partner's staff, and then a small number were verified by Oxfam. Overall, this approach selected many very vulnerable people, but there were a high number of inclusion / exclusion errors due to the difficulty of finding the very poorest.[9]

Four issues stand out:

1. This targeting approach could not be described as community based in the same way as some rural programmes might be. Rather, it relied strongly on community leaders. While it was important to include them in the process in order to ensure political acceptability, the accuracy of targeting was limited by their knowledge of the complex and changing communities, and their obligations to friends and relatives, and the inability of vulnerable community members to seek redress or complain – because these leaders loom so large in their lives. An independent and safe complaints mechanism would have been essential in this model, which lacked accountability.

2. Unlike Concern's census in 2011 that allowed a direct comparison of different households visited by different people (and was introduced as a direct response to earlier problems), Oxfam's earlier targeting approach relied on individuals (community health workers and partner staff) making subjective judgements on whether households they visited met the targeting criteria. There was no direct comparison of the relative merits of different households.

3. There was a high degree of informality in the process. Some households who were more confident or better connected were able to visit partner offices or community leaders directly to petition for inclusion, with some success. This was problematic because it tended to increase inclusion error.

4. Because recipients were to be paid by M-PESA (mobile phone transfer), they were required to have national identity cards, which some vulnerable households did not (child headed and elderly). Waiting for recipients to obtain these cards was not practical in a short time-frame, and targeting only those who had identity cards therefore led to exclusion of some vulnerable households. This is likely to be a common problem in urban emergencies. Moreover, while new technologies present good opportunities for efficiency, it is risky to rely on them in a natural disaster emergency that may destroy infrastructure.

There was a system of graduation in the transfer, which was in theory a sensible way of ensuring that the transfers continued to focus on the poorest. This is not required in short-term emergency programmes, but is vital to longer-term programme objectives. Graduation took place either when recipients were no longer vulnerable or when they were able to move onto skills training or cash for work. In practice, vulnerability was determined subjectively by community health workers or partner staff without always seeming to be based on a judgement of relative need. Selection for skills training and cash for work was similarly confusing, and some households received all three benefits, while others who were not apparently less needy received only one. This indicates the importance of careful partner management. The cash for work was self-selected, but because the wages were much higher than the cash transfer or the minimum wage, it was over-subscribed and had to be rationed through the control of information.

---

[9] The methodology used for the assessment does not allow quantification of these errors.

3.2.4   Oxfam Gaza Food Security and Livelihood Program (GFSL)

Oxfam scaled up their development activities in Gaza following long-term political and economic crisis and the protracted impact of Israel's military operation in 2008/09. The closure of the border had a very significantly detrimental impact on markets and therefore both livelihoods and the availability and price of goods and services. There was significant food insecurity in urban areas reported in December 2009, having worsened particularly from December 2008 when the military operation began. In response, Oxfam implemented an Urban Voucher Programme, cash for work, training and support to income generation. The over-arching objective was to alleviate the suffering of vulnerable populations in the Occupied Palestinian Territories, and specifically to increase their food access and income generation.

Targeting used a very well structured analysis using community rankings to target geographically and scorecards to target households. First, community ranking similar to an HEA approach summarised livelihood zones, looked at affectedness by war and conflict, whether NGOs were conducting similar activities, and other indicators of vulnerability. An FAO/WFP vulnerability report also helped to assess the most food insecure areas. Oxfam were therefore able to prioritise areas of greater need and limited support. This underscores the usefulness of effective coordination and using available information, whether from government or donor agencies.

Household targeting in Gaza follows a standardised approach where households are interviewed using a scorecard and given a household score. While the targeting outcomes seemed reasonable, many of the common vulnerability indicators used (such as family size, single-parent household and housing type and quality) were not considered appropriate for Gaza's modern and institutionalised urban context. Others were much more useful. For instance, those who had recently arrived are very vulnerable, because they lacked social support. This underscores the importance of locally specific targeting criteria that attempt to engage with households' relationship with markets.

This led to a high degree of targeting effectiveness in each of the different project interventions. Nevertheless, this could have been improved through making the scorecard indicators more specific to the urban context and possibly including indicators such as isolation, displacement and low food consumption and human capital. Since this initial review was conducted in 2012, the programme has evolved such that ongoing fieldwork is attempting to identify who is excluded from proxy means tests, and to provide information on new indicators of vulnerability.

3.2.5   Action Contre la Faim in Port-au-Prince

Following the earthquake in Port-au-Prince in 2010 that resulted in the displacement of 1.5 million people, and the death of 220,000, poverty levels rose significantly in an already food insecure city, and many people were homeless. Many development agencies instituted emergency responses, including ACF, Oxfam and Concern. In addition to the activities in the immediate aftermath, such as camps, shelter and sanitation support, most agencies began to introduce targeted food security and livelihoods interventions such as cash for work, cash grants for business, skills training and in kind transfers.

Targeting involved first identifying vulnerable areas. Although there were attempts to institute coordination mechanisms so that NGOs could divide the city in a rational way, in practice most organisations began working in the areas in which they already had operations. This was to some extent natural, but probably reduced the effectiveness of the response overall. Where INGOS targeted different areas within Port au Prince they found that the transaction costs were high in relation to coordination and travel time across the city.

18 months after the earthquake, ACF then used focus groups in every area in which they worked and a randomly sampled household survey to develop a scorecard that could be used for practical targeting (see Table 3.5). This was done by collecting data on socio-economic status measured by income and running regressions to identify simple and easily collected and verifiable indicators that correlated with income.

This exercise revealed a number of issues relevant to urban targeting. For example, first, some generic health indicators were not valid because of the extent to which people consulted voodoo, irrespective of their wealth. Second, people were in general less worried about the absolute level of income from their job than about the reliability and regularity of that income – which makes sense in urban areas where households rely on the market for all essential items. Third, households differentiated between regular and occasional small business, for the same reason. Fourth, commonly used indicators such as the dependency ratio turned out not to be relevant, while specific indicators such as not eating chicken on a Sunday were very relevant. The implication of these and other issues was that more generic poverty scorecard measures would not have been sufficient, and that the Port-au-Prince scorecard was highly context specific.

The scorecard was then implemented through a community committee, in a similar way to Oxfam's targeting approach in Nairobi. However, the existing of a scorecard allowed for an objective comparison of different households, so while there was exclusion error caused by the lack of knowledge of the community committees implementing targeting, it was easier then to select the poorest of those interviewed using the scorecard.

In general, it was felt that the scorecard was effective, and it was used by other organisations in Haiti as well. For instance, Oxfam aimed to target eight well defined groups using an adapted household level scorecard. A district scorecard helped to prioritise the most vulnerable areas, and one of the most highly weighted indicators in the district scorecard was physical access to the neighbourhood. Nevertheless, programme evaluations suggest that given the scale of disaster, blanket targeting, or targeting using an indicator that included isolation (e.g. geographic distance from markets) or displacement (e.g. whether the household has been forced to move by disaster), might have used resources more effectively.

Table 3.5   ACF Vulnerability scorecard in Port-au-Prince

Indicators	Replies	Points
1. Sources of household income	Casual job or small business	0
	Regular trade or small business / rental room in the house	6
	Employee / Money Transfer	10
2. Does the household participate in a Sol or a Sabbotaye (credit mechanisms)?	No	0
	Yes	6
	Does not wish to participate but could	6
3. Are children between 5 and 16 years going to school?	No	0
	Part	5
	All	10
	Child under 5	5
	No children 0-16 years	10
4. Single mother with children?	Yes	0
	No	10
5. Has a child been treated for malnutrition in the past year?	Yes	0
	No	5
6. Has a child under 12 years old had diarrhoea in the past 15 days?	Yes	0
	No	5
	No children under 12	5
7. Type of housing	Mix of materials (sheets, plastics, etc.) or perforated sheeting	0
	Sheet or tarpaulin shelter in poor condition (holes / dirty)	4
	Shelter tarpaulin or sheet in good condition (does not leak/ clean)	8
	Concrete / shelter	10
8. What assets do the household own?	Mattress	2
	Chairs	3
	TV	6
	Clothing in good condition	3
9. In the last week, did the household not eat for a day?	Yes	0
	No	6
10. How often did the household eat meat this week?	0	0
	Once	5
	twice	7
	Three times or more	10
	TOTAL	**92**

3.2.6 Action Contre la Faim in Abidjan

ACF aimed to provide cash support to the households most affected by violence and most vulnerable households in Abidjan following the elections in 2010. The crisis started in November 2010, but ACF were only able, for a range of reasons, to start targeting in July 2011, with the first distributions in September and October 2011. Following an initial programme of vouchers and high energy biscuits for those displaced by violence, the programme was a slow response to a rapid

onset crisis at a time when prices and availability of food had stabilised, but when many lacked income and purchasing power.

The targeting was complex and difficult for two main reasons. First, the donors had already made contact with some neighbourhoods and it wasn't clear on what basis this had been done. Had ACF been involved from the start, they would have identified a network of different local service organisations in each community (schools, community workers, etc.) that they thought were neutral, and created a committee and divided neighbourhood into small areas. This committee would have proposed a list of households for support from ACF and a bigger committee would validate the list and it would have been checked by ACF staff or with others in the neighbourhood. However, at the late stage setting up the committee risked compromising ACF's political independence and transparency and meant that it was much more complicated to work through local officials, especially given the political tension that had caused the crisis and were very much still alive.

Second, for this programme, ACF decided to target the poorest – not those that had been most affected directly by the violence. This was different from other NGOs and from ACF's previous project, and avoided a political challenge of identifying those affected by the violence without appearing too close to politically connected individuals. Many poor households were affected by the violence indirectly through the destruction of markets rather than the destruction of their homes. This underscores the importance of market analysis in urban areas.

ACF therefore carried out geographical targeting in consultation with community leaders but based on objective criteria of access to services and type of housing. This was coordinated with WFP who ensured that there was no overlap between where organisations were working. This underscores the need to map areas in advance where a crisis is predictable, and to make this a priority in rapid responses.

They then conducted a house-to-house survey using a few indicators of food security, such as meals per day. They hired a large survey team and were able to go through 10 neighbourhoods in 2.5 weeks, registering everyone they could find and completing a list 3 weeks from the start (with rolling data entry). This was therefore as quick a method as the community-based targeting mechanisms used elsewhere, and not substantially more expensive.

Surveyors would not make final targeting decisions in the field, partly to avoid bias and partly for their own safety. They could exclude households if they saw strong evidence of wealth (such as large cars). They covered around 25,000 households and selected 10,800. 15,000 forms were initially entered based on a screening at the data entry stage, with the other 10,000 entered later.

ACF staff felt that the resulting list was reflective of vulnerability, and was in some ways better than working with community leaders because it allowed them to go to more remote households that would otherwise have been left. It also reduced the pressure on community leaders who were no longer held responsible for targeting and blamed for bad outcomes. Community members also had a very positive response to this approach (as in the case of the Concern census in Nairobi) because ACF actually visited their houses.

[Back to structure]   [Back to top of section]

3.3 Practical guidance

3.3.1 Determine whether the scale of need and available resources require targeting now or will require it in future

A decision on whether targeting is or will be required should be taken as soon as possible, based on a calculation of the scale of need and the resources that are currently available or that will be available in the future. Urban targeting is likely to be essential because of the populations involved. Following this decision, planning for targeting can begin.

This decision will need to be revisited as the emergency and funding scenarios unfold. In many cases organisations have standard approaches to targeting where targeting will be implemented with key parameters set by resources, need, scale and length of the programme.

It is likely that following a rapid onset emergency, it will not be desirable or feasible to target specific groups in the first stage of response because response priorities will focus on blanket shelter, food security, WaSH and nutrition interventions. However, this doesn't mean that the debate on targeting should be dropped. Rather, practitioners should engage with other organisations to decide on geographical targeting and to plan targeting individuals and households in the future. This should include preparedness for responses in vulnerable cities with, for example, the identification and preparation of GIS data used for targeting.

Where possible, responses should be built on existing government social protection programmes that are scaled up for emergencies. The Government of Kenya is starting to develop an automatic scale up and scale down system for its cash transfer programmes, initially in rural areas only.

3.3.2 Establish a targeting information basis

The choice of targeting mechanism and indicators will to some extent depend on the information available. This information should be gathered and coordinated as soon as possible, and in advance of emergencies beginning where possible.

For example, if a scorecard has been developed that is specific to an urban area, this may be useful for all organisations. Governments or other organisations such as UN-OCHA or UN-HABITAT may have existing lists of poverty and vulnerability that could be extremely useful as a basis for household targeting (although they will need verification). Even if they do not have vulnerability lists, they may have census lists to enable organisations to check for exclusion. In addition, maps of vulnerability and organisations' operations will be important for deciding how to do geographical targeting. This information basis should share characteristics with the basis suggested in the triggers section. Where possible, this should be built in advance in areas where an emergency is suspected, and coordinated by a UN agency or government. NGOs can put pressure on these organisations to make these preparations.

The information basis should include information useful for triggers, as set out above. This includes:

- Detailed vulnerability maps of cities setting out population numbers and density, livelihood and industrial activity zoning, service provision and infrastructure access
- Baseline data on socio-economic status of households in different areas and in different groups
- Baseline local political economy (or power) analysis around vulnerable groups
- Baseline HEA and PCVA assessments

3.3.3   Decide the targeting criteria

Having taken a decision to target resources, organisations need to decide what they will focus on. This usually comprises a decision about the type of individuals or households and a related decision about the type of geographical area to support. Most targeting criteria will specify both.

In terms of geography, organisations will need to consider:

- Objective assessments of need:
    - Areas most affected
    - Areas worst off in absolute terms
    - Areas most vulnerable to future disasters (based on the information assessed in advance)
- Their experience working in different areas and their added value in these areas.
- Where other agencies are working

The objective considerations are important and this requires analysis of data collected both prior to the disaster (see the information basis above) and after the disaster. In the immediate aftermath of a disaster, this is likely to be difficult. But the choice of where to work will often more importantly be a decision based on experience and coordination. It is critical that where possible organisations build on their experience and that there are no overlaps. This implies an early coordination meeting. In urban areas, decisions around geographical areas are likely to be both technical and politically challenging because there are rarely neat divisions or self-contained communities as in the countryside.

In terms of individuals/households, similar considerations are present. Targeted interventions could focus on supporting those:

- Most affected by a disaster (e.g. those who have lost the most)
- Worst off in absolute terms, irrespective of what they have lost (e.g. those with the lowest levels of consumption), measured by any of:
    - Consumption/income poverty
    - Food insecurity
- Most vulnerable to future disasters
- Not supported by other agencies
- In certain specific categories, such as elderly people or orphans.

In addition, care must be taken to ensure that vulnerable groups such as slum dwellers, refugees, IDPs and socially marginalised groups are not overlooked in targeting. This requires a narrow geographical targeting: breaking the city into small grids and street groups. Care is required because most cities do not have up to date maps of informal settlements in particular. Technologies such as crowd mapping (such as Ushahidi) can be useful here.

The choice of targeting criteria has implications for the targeting method selected, but the feasibility and resource demands of the targeting method should inform the choice of targeting criteria. The choice will also be informed by the nature of the emergency and the wider context. For instance, government-led assistance will often focus on categories of people because this is often more politically acceptable. This may inform NGOs' decisions (either to match this criterion or ensure

that others are supported too). Targeting individuals in urban areas is made technically and politically challenging by the population density and mobility.

Usually, both geographical and individual/household targeting criteria will be selected. Often, a mix of individual criteria will be used so that organisations try to select those worst off and most affected. It is important that these can, however, be quite different groups.

3.3.4 Decide the targeting method and indicators

Decisions about a targeting method and indicators will need to take into account local specificities. Where possible, existing targeting methods should be used or adapted, but care needs to be taken adapting scorecards as local context and time is usually key to interpreting indicators. Community based targeting needs to be carefully thought through in urban areas to ensure that community members have the knowledge and incentives to participate fairly, and to avoid putting too much pressure on community leaders. Extractive targeting methods using surveys to compare households may lead to better outcomes but could be more expensive.

Once the targeting criteria are selected, organisations need to develop a method for identifying the areas and individuals they are seeking to find. This is a separate exercise (though closely related) that includes three main steps, often merged into one exercise:

1. Operationalize 'most affected' or 'poorest' or 'most vulnerable' with a series of more specific indicators to denote these criteria (such as meals consumed per day, global acute malnutrition, value of possessions lost in disaster),
2. Specify a method to collect information on these indicators, such as a survey, focus groups, key informant interviews, or an application, and
3. Develop a mechanism to use this information to differentiate between individuals or areas, either using a ranking and a quota (i.e. we have enough cash for transfers to 100 individuals and we select the lowest ranked 100), or an objective cut-off (i.e. we support anyone with a severely malnourished child, or anyone with a poverty score below X, or anyone who is willing to work below the daily labour rate).

None of these is a trivial task. The first is likely to be highly specific to the disaster and context and will require a reasonable level of prior knowledge. For instance, in some cases food security may not be a problem but malnutrition and mortality caused by disease will be significant. In rural areas, it is much easier to use community methods of operationalizing these criteria (i.e. calling a community meeting to identify the poorest households), but in urban areas this is rarely possible because communities are ill-defined and members do not know each other well.

The second step will depend on the resources available for collecting these data and the time available for targeting. Conducting primary surveys could take up to three months including data entry, and targeting based on a ranking of individuals requires interviewing many more individuals/households than those who will eventually be selected. In slow onset disasters, this timeframe may be realistic. Rapid onset disasters typically require a faster response, but if there is a blanket response in the first few months primary data collection is feasible to aim to intervene after four months.

The third step uses available information to differentiate between different individuals or households or areas. This is not necessarily straightforward because organisations are often interested in different aspects of poverty, affectedness or vulnerability and therefore different indicators need to be combined. For instance, there may need to be a mechanism to decide

whether an individual who is an orphan and moderately food insecure is a higher priority than someone who is not an orphan and severely food insecure. It may be that the information gathered for the targeting method reveals a higher level of need than previously anticipated, and organisations may wish to then seek additional funding on the basis of this information (notwithstanding the challenges that this flexibility generates).

The sections above set out the advantages and disadvantages of different targeting methods. Which method is followed will be context-specific, but there are some general principles that may be useful:

- 'Community (leader) based targeting' can be comparatively cheap but can put pressure on community representatives, is likely to lead to exclusion due to lack of knowledge or politics, and can cause some resentment in many communities. It also makes it very difficult to compare households directly, which increases errors of inclusion and exclusion. Community based targeting in the rural sense (involving the whole community) is rarely possible in slums because people do not know each other.
- Targeting that uses a scorecard or survey may be slightly more expensive and time-consuming because target teams should visit every household (though experience in Abidjan suggests it can be done comparatively fast), but seems to lead to better outcomes in terms of accuracy and resentment. Local leaders should be involved in helping to specify the criteria, which should ideally be specific to the place and time of the response.
- Targeting that uses existing proxy means tests or scorecards is likely to be effective as a basis for a regular social protection system but difficult to make applicable to emergency situations given the speed of change. However where there is no time to develop new scorecards, this is a decent possibility.

The choice of targeting indicators should be contextually specific and should include local communities to build political acceptability for the programme. However, it is recommended that the following types of indicators should be included:

- **Food security.** Household hunger score and dietary diversity are comparatively easy and fast to measure, though can be hard to get reliable information.
- **Demographic indicators.** Often (but not always) relevant and quite easy to collect.
- **Livelihoods and income.** Income is critical in urban areas but very hard to measure directly, hence the use of proxies. Questions on the type of employment are more likely to succeed and are often useful. Questions on debt are important but can be unreliable and sometimes ambiguous.
- **Expenditure.** Highly relevant but very difficult and time-consuming to collect. Proxies are likely to be better.
- **Assets and housing.** Easy and reliable because can be verified by visiting targeting teams, but not always well correlated to poverty following an emergency (therefore weakening the usefulness of proxy means tests). Concern in Nairobi effectively combined an asset-based assessment of chronic poverty with a food security based assessment of acute need.
- **Nutritional status.** Reliable and highly relevant but can be expensive to collect (MUAC is cheaper than anthropometric surveys)
- **Health status.** Relevant but not always reliable.
- **Receipt of assistance from formal or informal sources.** Usually highly relevant but can be difficult to interpret in contexts where informal sharing is very common.

3.3.5 Implement targeting

Targeting implementation should take place with the consent and some involvement of community representatives. However, they should not – and should not be seen to – control the process. Where possible, NGO staff should visit households directly as this improves credibility. Surveyors should not have to make targeting decisions in the field as this can undermine them; decisions can either be made electronically or at head office.

The implementation of targeting is critical for the political acceptability of the programme, which is particularly vital in urban areas that can be more volatile than the rural counterparts. It is important that NGOs play a significant role in targeting implementation, though in practice much will probably have to be devolved to partner organisations. Nevertheless, they should be closely monitored and the prominence of the name of an international organisation can help with a belief that targeting is a-political. The following points may be useful:

- If community based targeting is conducted, this should be treated very carefully to avoid exacerbating community tensions if some groups are identified as having played a significant role in excluding others. In cities where tensions are already high due to violence that is often associated with emergencies, particular care needs to be taken.

- If targeting involves visits to households, it is important that those visiting the households are not able to use their discretion to choose who is selected and who is not. It is important also that households do not perceive this to be a problem, so targeting teams should where possible travel together and use pens or digital data capture rather than pencil that can subsequently be amended.

- If proxy means tests or other types of scorecards are used, some flexibility or 'human override' is important to ensure that very poor households are not being excluded in the calculation.

- Decisions about targeting should be taken at head office or using a pre-programmed algorithm that can give a result in the household.

- The funding NGO should design a verification system but also norms about how that system will be applied that need to be publicised in advance and adhered to. For instance, they could say that they will visit a random 10% of selected beneficiaries and collect information from them again, and if more than 30% of the households have incorrect information, all targeting will need to be redone. This may need to be factored into the partner's contract to ensure incentives are well aligned. Whether this is implemented in practice will depend on the urgency of the response and costs involved.

- A computerised data entry and management system should be designed in advance so that the organisation has a check of all households visited and those selected. This can be used for monitoring and accountability throughout the programme.

[Back to structure]   [Back to top of section]

4   Main points to be kept in mind

As a brief recap, the following points are key to approaching urban emergencies:

- Identify 'high risk' urban areas within a city where an emergency is likely to occur, and develop vulnerability mapping that supports contingency planning.
- Establish an information system in these areas prior to an emergency and use these to construct a baseline for the vulnerability, risk and coping situation, and use these to plan geographic and household targeting. Utilise all primary and secondary data available and apply tools such as IPC where appropriate.
- Explore the possibility of using technology to develop the information basis, using digital data gathering and GPS to improve cost efficiency over the long-term.
- Specify a system of triggers, cut offs and assessment methodologies in advance of an emergency, and develop political consensus around these amongst the key stakeholders and donors. Ensure that this is carried out in high risk areas.
- Base the system on an adaptation of the IPC for a specific urban context designed using the IDSUE and HEA. Use the indicator tables above as a basis for this system.
- Design time- and place-specific targeting, but be aware that there are usually many existing approaches that can be adapted usefully. Agree where possible on targeting methodology in advance.
- Be aware of the limitations of 'community based targeting' processes in urban areas, and ensure that any community based targeting systems are very effectively facilitated, so that community leaders or authority figures do not exercise undue influence.
- Prioritise the use of census approaches using targeting scorecards or proxy means tests, though ensure that these are implemented with the consent and participation of community members, and have some possibility of 'human over-ride' to correct obvious exclusions.
- Carry out census exercises gathering minimal information in high risk areas as part of disaster preparedness.
- Urban surveillance and targeting indicators need to be more responsive to change than rural indicators because the pace of change in urban areas is very high.
- Work with political issues to identify targeting criteria that make sense in the local politics.
- Work closely with state representatives to ensure all targeting processes are integrated into governance programmes.
- Ensure that any emergency programming is integrated with development work so that the one supports the other.

[Back to structure]